## 2008 LIMITED LIABILITY COMPANY FILED **ANNUAL REPORT** Mar 12, 2008 08:00 A **DOCUMENT # L03000042887 Secretary of State** 1. Entity Name THE LODGE AT 2135 CONGRESS, LLC Principal Place of Business Mailing Address **2623 YARMOUTH DRIVE 2623 YARMOUTH DRIVE** WELLINGTON, FL 33414 WELLINGTON, FL 33414 02252008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEt Number 52-2414551 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DE VILLEGAS, HECTOR J DO NOT WRITE 2623 YARMOUTH DRIVE WELLINGTON, FL 33414 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recistered Agent signature required when reinstating) DATE 03/27/08-80071-002 138.75 FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS TITLE MGR DE VILLEGAS, HECTOR J STREET ADORESS 2623 YARMOUTH DRIVE CITY-ST-ZIP WELLINGTON, FL 33414 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the seceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_*[*\_\_

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE

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