## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L04000075462**

1. Entity Name

601 N. CONGRESS AVENUE, UNIT 433 LLC



FILED May 06, 2008 08:00 AN Secretary of State

Principal Place of Business

**601 N. CONGRESS AVENUE** 

UNIT 433

DELRAY BEACH, FL 33445

Mailing Address

4301 N. OCEAN BLVD Unit A-1701

BOCA RATON, FL 33431

03102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1790091

5. Certificate of Status Desired

Applied For
Not Applicable

\$5.00 Additional
Fee Required

### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCMANUS, JAMES T 4301 N. OCEAN BLVD UNIT A-1701

BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

8	<ol><li>The above named entity s</li></ol>	su <b>pr</b> mi	is 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 register	<b>e</b> d ag	er).	
	/ /			

SIGNATURE.

l 9.

Signature: typed or printed name of registered agent and title if applicable

MANAGING MEMBERS/MANAGERS

(NOTE: Registered Agent signature required when reinstating)

DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

TITLE	MGRM		
NAME	MCMANUS, JAMES T		
STREET ADDRESS	4301 N. OCEAN BLVD		
CITY-ST-ZIP	BOCA RATON, FL 33431		
TITLE			
NAME			
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP	1		

U00000948860 06/03/08-80004-009 138.75

# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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 applicate 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 receiver or truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #