


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000075463 1. Entity Name 601 N. CONGRESS AVENUE, UNIT 105 LLC	
--	---

Principal Place of Business 601 N. CONGRESS AVENUE UNIT 105 DELRAY BEACH, FL 33445	Mailing Address 4301 N. OCEAN BLVD UNIT A-1701 BOCA RATON, FL 33431
---	--



03102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

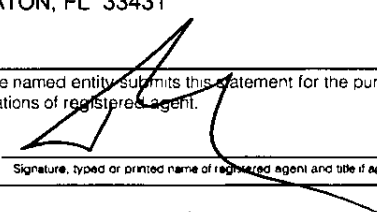
4. FEI Number 20-1790187	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

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. 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  (NOTE: Registered Agent signature required when reinstating) DATE

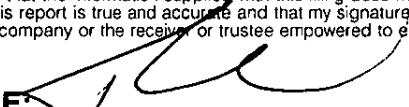
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMANUS, JAMES T 4301 N. OCEAN BLVD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000348851
06/03/08-80004-006 138.75

**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 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 receiver or trustee 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 #