

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90067 007 ***143.75

DOCUMENT # L06000065214

1. Entity Name
 1280 NORTH CONGRESS, LLC



Principal Place of Business
 1201 BELVEDERE ROAD
 WEST PALM BEACH, FL 33405

Mailing Address
 1201 BELVEDERE ROAD
 WEST PALM BEACH, FL 33405

60003470



01092008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 84-1714050 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND, KIRK
 505 SOUTH FLAGLER DRIVE
 SUITE 1330
 WEST PALM BEACH, FL 33401

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 | MGRM |
| NAME | RAYMAN, ANDRE |
| STREET ADDRESS | 8744 SE FAIRWINDS WAY |
| CITY-ST-ZIP | HOBE SOUND, FL 33445 |
| TITLE | MGRM |
| NAME | JACKSON, KEITH |
| STREET ADDRESS | 14887 HORSEHOE TRACE |
| CITY-ST-ZIP | WELLINGTON, FL 334148081 |
| TITLE | MGRM |
| NAME | TROPEPE, LISA |
| STREET ADDRESS | 121 CLAREMONT LANE |
| CITY-ST-ZIP | PALM BEACH SHORES, FL 33404 |
| TITLE | MGRM |
| NAME | NEWELL, WARREN |
| STREET ADDRESS | 611 NW 25TH AVE. |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33426 |
| TITLE | MGRM |
| NAME | Lamotte, Brian |
| STREET ADDRESS | 1907 Flower Dr. |
| CITY-ST-ZIP | Palm Beach Gardens, FL 33410 |
| TITLE | MGRM |
| NAME | K. Daniel Shalloway |
| STREET ADDRESS | 121 Claremont Lane |
| CITY-ST-ZIP | Palm Beach Shores, FL 33404 |

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 #