2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065214

Entity Name: 1280 NORTH CONGRESS, LLC

PALM BEACH GARDENS, FL 33404

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1201 BELVEDERE ROAD WEST PALM BEACH, FL 33405 **Current Mailing Address: New Mailing Address:** 1201 BELVEDERE ROAD WEST PALM BEACH, FL 33405 FEI Number: 84-1714050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRIEDLAND, KIRK 505 SOUTH FLAGLER DRIVE **SUITE 1330** WEST PALM BEACH, FL 33401 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete RAYMAN, ANDRE Name: Name: 8744 SE FAIRWINDS WAY Address: Address: City-St-Zip: HOBE SOUND, FL 33445 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition JACKSON, KEITH Name: Name: Address: 14887 HORSEHOE TRACE Address: City-St-Zip: WELLINGTON, FL 334148081 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TROPEPE, LISA Name: Name: Address: 121 CLAREMONT LANE Address: City-St-Zip: PALM BEACH SHORES, FL 33404 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: NEWELL, WARREN Name: NEWELL, WARREN Address: 611 NW 25TH AVE. Address: 5123 ALPINE WAY City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: MGRM () Delete Title: () Change () Addition LAMOTTE, BRIAN Name: Name: 1907 FLOWER DR Address: Address: PALM BEACH GARDENS, FL 33410 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SHALLOWAY, K. DANIEL Name: Name: Address: 121 CLAREMONT LANE Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: C. ANDRE RAYMAN MGRM 04/29/2009