

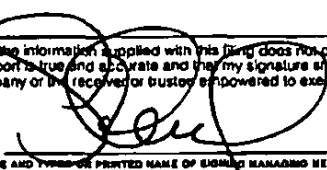
FILED 06000107947

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000107947			
1. Entity Name CONGRESS INDUSTRIAL, LLC			
Principal Place of Business 4500 PGA BLVD. SUITE 207 PALM BEACH GARDENS, FL 33418 US		Mailing Address 4500 PGA BLVD. SUITE 207 PALM BEACH GARDENS, FL 33418 US	
2. Principal Place of Business, No P.O. Box # 2257 VISTA PARKWAY		3. Mailing Address 2257 VISTA PARKWAY	
Suite, Apt. #, etc. #17		Suite, Apt. #, etc. #17	
City & State WEST Palm BEACH, FL		City & State WEST Palm BEACH, FL	
Zip 33411	Country U.S.	Zip 33411	Country U.S.
4. FEI Number 20-5883923		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent OWEN, JACK B JR. 4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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's signature returned when renewing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Managers STEVEN E McCRANEY 2257 VISTA PARKWAY, STE 17 West Palm Bch., FL 33411	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Managers OTTO B. DIJOSTA 4500 PGA BLVD, STE 207 Palm Bch Gardens, FL 33418	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 806, Florida Statutes.			
SIGNATURE: 		Date: 4/24/07 561-478-4300	