


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L94000000727	
1. Entity Name CONGRESS CROSSINGS LAW CENTER, L.C.	

Principal Place of Business 4420 BEACON CIR. SUITE 100 WEST PALM BEACH, FL 33407	Mailing Address 4420 BEACON CIR. SUITE 100 WEST PALM BEACH, FL 33407
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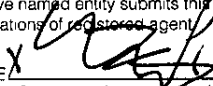
DO NOT WRITE IN THIS SPACE



01232008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0542423	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 WARD, DAMON & POSNER P.A. 4420 BEACON CIR. SUITE 100 WEST PALM BEACH, FL 33407	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
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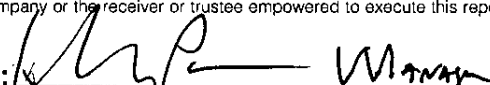
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000853794
03/25/08-80079-018 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WARD, PHILIP H III 4420 BEACON CIR. WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM DAMON, CONRAD 4420 BEACON CIR. WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM POSNER, MICHAEL J 4420 BEACON CIR. WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: 	3/4/08	561-842-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #