

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000002944

1. Entity Name
CONGRESS PROFESSIONAL GROUP, L.L.C.



Principal Place of Business
**900 NW 17TH AVE.
DELRAY BEACH, FL 33445**

Mailing Address
**900 NW 17TH AVE.
DELRAY BEACH, FL 33445**



01032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0928824

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANESTA, MICHAEL
800 NE 77TH ST.
BOCA RATON, FL 33487**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000615621
02/06/07-80078-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ANESTA, MICHAEL J MD
STREET ADDRESS	800 NE 77TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGRM
NAME	ANESTA, LENORE B
STREET ADDRESS	800 NE 77TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGRM
NAME	SILVER, MITCHELL D MD
STREET ADDRESS	17605 FIELDBROOK CIRCLE EAST
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	MGRM
NAME	SILVER, CAROL Z
STREET ADDRESS	17605 FIELDBROOK CIRCLE EAST
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	MGRM
NAME	POLERA, DEBRA
STREET ADDRESS	900 NW 17TH AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33445

**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 #

Michael J. Anesta **MICHAEL J. ANESTA** 1/23/07 561-278-3323