

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004576

1. Entity Name

CONGRESS INDUSTRIAL PARK, L.C.

Principal Place of Business

6530 W ROGERS CIR  
SUITE 31  
BOCA RATON FL 33487

Mailing Address

6530 W ROGERS CIR  
SUITE 31  
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0980047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEDER, SEAN M  
6530 W ROGERS CIR  
SUITE 31  
BOCA RATON FL 33487

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS L.G. INVESTMENT GROUP, L.C.  
CITY-ST-ZIP 6530 W ROGERS CIR SUITE 31  
BOCA RATON FL 33487

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 7000003768347-4  
CITY-ST-ZIP -02/26/01--01129--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS WOLF, STEVE  
CITY-ST-ZIP 6530 W ROGERS CIR SUITE 31  
BOCA RATON FL 33487

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS WOLF, ERIC  
CITY-ST-ZIP 6530 W ROGERS CIR SUITE 31  
BOCA RATON FL 33487

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/16/01 561-995-7878

FILED

01 FEB 21 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)