


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000004576 1. Entity Name CONGRESS INDUSTRIAL PARK, L.C.	
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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
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DO NOT WRITE IN THIS SPACE



02112004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0980047	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

LEDER, SEAN M
6530 W ROGERS CIR
SUITE 31
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000124578
04/22/04-80050-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM L.G. INVESTMENT GROUP, L.C. 6530 W ROGERS CIR SUITE 31 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONGRESS 33, INC. 288-Z SMITH SUNDAY ROAD DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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:  4/19/04 561-995-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #