


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000005481</b> 1. Entity Name <b>CONGRESS LAKE WORTH LLC</b>	
--	---

Principal Place of Business <b>295 MADISON AVENUE 2ND FL NEW YORK NY 10017</b>	Mailing Address <b>295 MADISON AVENUE 2ND FL NEW YORK NY 10017</b>
---	---



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

1st MOORE CR2E083 (10/06)

City & State  Zip	City & State  Zip	4. FEI Number <b>20-1875885</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
-------------------------	-------------------------	------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
---

<b>6. Name and Address of Current Registered Agent</b>  <b>AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVENUE 28TH FL MIAMI FL 33131</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
---	--

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	PHILIPS LAKE WORTH L.P.
STREET ADDRESS	295 MADISON AVENUE 2ND FL
CITY-ST-ZIP	NEW YORK NY 10017
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000728363
CITY-ST-ZIP	05/07/07-80014-008 50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Michael N. Pagnotta* 4/20/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Michael N. Pagnotta**  
**Senior Vice President**  
**Philips International Holding Corp.**  
 As Agent  
Daytime Phone #