


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90320 005 ****50.00

DOCUMENT # M05000001765

1. Entity Name
3400 CONGRESS LLC



Principal Place of Business
**419 WEST 49TH ST
 HIALEAH, FL 33012**

Mailing Address
**419 WEST 49TH ST
 HIALEAH, FL 33012**

2. Principal Place of Business - No P.O. Box #
295 Madison Avenue

3. Mailing Address
295 Madison Avenue

Suite, Apt. #, etc.
2nd Fl.



04182007 Chg-LLC CR2E083 (12/06)

City & State
New York, NY

City & State
New York NY

Zip
10017

Country
USA

4. FEI Number
20-2442821

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**EISENSTADT, DAVID L
 419 WEST 49TH ST
 HIALEAH, FL 33012**

7. Name and Address of New Registered Agent
 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. 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, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PL LAKE WORTH LLC 295 MADISON AVE, 2ND FLOOR NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *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