


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000014582
1. Entity Name
533 NE 13 STREET, LLC



Principal Place of Business Mailing Address
514 N.E. 13TH STREET 514 N.E. 13TH STREET
FORT LAUDERDALE, FL 33304 US FORT LAUDERDALE, FL 33304 US

DO NOT WRITE IN THIS SPACE



01102007No Chg-LLC CR2E083 (11/05)

4. FEI Number 42-1602813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAGLIANONE, PAMELA
514 N.E. 13TH STREET
FORT LAUDERDALE, FL 33304

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

**Filing Fee is \$50.00
Due by May 1, 2007** U00000587605
01/17/07-80039-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAGLIANONE, DERRICK 514 N.E. 13TH STREET FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAGLIANONE, PAMELA 514 N.E. 13TH STREET FORT LAUDERDALE, FL 33304
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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: Pamela Caglianone Mgr Pamela Caglianone 1/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

954-524-3710