## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000109794**



**FILED** 

May 28, 2008 8:00 am Secretary of State

Devame Phone 6

05-01-2008 90017 029 \*\*\*\*50.00

05-28-2008 90141 025 \*\*\*\*88.75 1. Entity Name
FONTAINBLEAU EAST MIDRISE 13, LLC 60043964 Principal Place of Business Mailing Address 5835 BLUE LAGOON DRIVE, 4TH FLOOR 5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01172008 CR2E083 (12/06) City & State City & State Applied Far 4. FFI Number 02-0759205 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHOJAEE, MASOUD 5835 BLUE LAGOON DRIVE, 4TH FLOOR Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33126 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 Signature, typied or printed name of registered again and title if applicable. (NOTE: Registered Agent arginature required when rematating) DATE FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITE F TOTLE ☐ Addition Delete ☐ Change SHOJAEE, MASOUD NAME 5835 BLUE LAGOON DR 4TH FL STREET ADDRESS STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33126 CITY-S1-2P VP IIILE Oelete TITLE Change Addition NAME SHOJAEE, MARIA NAME 5835 RULE LAGOON DR 4TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZP MIAMI, FL 33126 CITY-ST-ZP INTE Delete TITLE Change ☐ Addition MARTIN, TANIA NAME MALAS STREET ADDRESS 5835 BLUE LAGOON DR 4TH FL STREET ADDRESS MIAMI, FL 33126 CITY-S1-ZP C11Y-\$1-ZP ☐ Addition TITLE ☐ Detecte TITLE ☐ Change HAME STREET ADDRESS STREET ADDRESS CITY-51-7IP CITY-ST-ZP Change Addition C Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-20 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 11. I hereby certify that the information supplied with this ming 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 acquisite 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 receipter programs are provided by Chapter 608, Florida Statutes. SIGNATURE: \_\_\_\_ Masoud Shojaee 1/21/08 786-437-8658

NTED HAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE