

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093168

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: 1613 LLC

**Current Principal Place of Business:**

3571 NORTH DIXIE HWY  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

3571 NORTH DIXIE HWY  
OAKLAND PARK, FL 33334

**New Mailing Address:**

FEI Number: 20-5547351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRIAN LYNN CPA  
TWO S UNIVERSITY DRIVE STE 215  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BATES, JAMES T  
Address: 524 ISLE OF CAPRI DR  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: MGRM ( ) Delete  
Name: BATES, CATIA  
Address: 524 ISLE OF CAPRI DR  
City-St-Zip: FT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES T. BATES

MGRM

01/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date