| LIMITED LIABILITY COMPANY ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State | | 98 ATR 27 AHHI: DO TALLAHASSES, PLOJE | | |
|--|---|--|---------------------------------------|---|
| | | | | 1998 DIVISION OF CORPORATIONS |
| **ILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | |
| Name of Limit | and Malling Address ed Liability Company DOCUMENT | | | 「# <u>1</u> 96000000400 |
| MADISON XIII, L.C. P .O. BOX 630069 MIAMI FL 33163 | | | P.O. BOX 630069 MIAMI FL 33163 | |
| | | | | |
| Princip | | ing Address | 3. Date Organized or Qualific | ad 3a. State of Formation |
| le, Apt. | | ot. #, etc. | 04/04/1996 4. FEI Number | FL |
| QUI (& Stat | e City & SI | ate | | Applied For |
| t | 1 | rfield Boh FL | 65-0656672 5. Date of Last Report | Not Applicable 6. Certificate of Status Desired |
| 22 | Country Zip | Country | Ì | S8 75 Additional Fee Required |
| X | 7. Name and Address of Current Registered | Agent 8. | 05/05/1997 Name and Address of New Re | gistered Agent/Office |
| ursua gister | IT MIAMI BEACH FL 33180 Int to the provisions of Sections 608.416 and 608.508 and office or registered agent, or both, in the State of Flored agent, and accept the obligations. | Suite, Apt. #, etc City City Florida Statutes, the above-named limited brida. Such change was authorized by affirmations. | -05. | /05/9801120022 **909.999 ****188.75 L 33433 tatement for the purpose of changing |
| Title | (Registered Agent Accepting Appointment) | NOTE Registered Agent signature required when reinstating Business Street Address | 3) | City, State and Zip Code |
| GR . | EPSTEIN, JOANNE | 8950 WESTPARK DR. | | TON TX |
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