

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
APR 19 PM 5 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000400

MADISON XIII, L.C.
PO BOX 4877
DEERFIELD BEACH FL 33442

1a. Principal Place of Business Address
1750 S. YOUNG CIRCLE, #201
HOLLYWOOD FL 33020

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/04/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	65-0656672	
7. Name and Address of Current Registered Agent				5. Date of Last Report	6. Certificate of Status Desired
FIRESTONE, DEBORAH E 7910 TENNYSON CT. BOCA RATON FL 33433				04/27/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
FIRESTONE, DEBORAH E 7910 TENNYSON CT. BOCA RATON FL 33433		Name Street Address (P.O. Box Number is Not Acceptable) 7000002853567 Suite, Apt. #, etc -04/27/99-01058-021 City ****188.75 ****188.75 Zip Code FL	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	EPSTEIN, JOANNE	8950 WESTPARK DR., #312	HOUSTON TX

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Joanne Epstein, Manager* JOANNE Epstein 4/10/99 (954)
927-0747