

# 2001 UNIFORM BUSINESS REPORT (UBR)

011518

**DOCUMENT #** L96000000400

**1. Entity Name**  
MADISON XIII, L.C.

**FILED**  
01 APR 30 PM 6:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
1750 S. YOUNG CIRCLE, #201  
HOLLYWOOD FL 33020

**Mailing Address**  
PO BOX 4877  
DEERFIELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE **MJH**

**2. Principal Place of Business**  
141 NW 20th ST  
Suite, Apt. #, etc.  
#6-107  
City & State  
BOCA RATON, FL  
Zip 33431 Country USA

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State

**4. FEI Number** 65-0656672  
 Applied For  
 Not Applicable

**5. Certificate of Status Desired**  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
FIRESTONE, DEBORAH E  
7910 TENNYSON CT.  
BOCA RATON FL 33433

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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.

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

600004219936--8  
-05/16/01--01061--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	EPSTEIN, JOANNE	8950 WESTPARK DR., #312	HOUSTON TX 77063	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**11.** I 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 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** *Joanne Epstein* **MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** *MADISON XIII* (713) 266-1444

Date Daytime Phone #

CR2E083 (11/00)