


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90345 004 \*\*\*\*50.00

**DOCUMENT # L96000000400**


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



Principal Place of Business Mailing Address  
**141 NW 29TH ST., #G-107** **PO BOX 4877**  
**BOCA RATON FL 33431** **DEERFIELD BEACH FL 33442**

2. Principal Place of Business 3. Mailing Address  
**6893 SW 18th St.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**301**

City & State City & State  
**BOCA RATON, FL**  
 Zip Country Zip Country  
**33433**



**MOORE CR2E083 (11/03)**

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *Deborah E. Firestone*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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

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: *Deborah E. Firestone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #