


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90073 050 ****50.00

DOCUMENT # L96000000400

1. Entity Name
MADISON XIII, L.C.



Principal Place of Business
**6893 SW 18TH ST.
 #201
 BOCA RATON, FL 33433**

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

20023975

2. Principal Place of Business
399 W. CAMINO GARDENS, 3L

3. Mailing Address

Suite, Apt. #, etc.
307

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State

Zip
33430

Country
USA

Zip

Country



01232006 Chg-LLC CR2E083 (11/05)

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

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
MGR

NAME
EPSTEIN, JOANNE Delete

STREET ADDRESS
8950 WESTPARK DR., #312

CITY-ST-ZIP
HOUSTON, TX 77063

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Debbie Firestone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____