


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000000263
 1. Entity Name
 THIRTEEN CAPITAL ASSOCIATES, LLC



Principal Place of Business
 220 SUNRISE AVE., STE. 210
 PALM BEACH, FL 33480

Mailing Address
 220 SUNRISE AVE., STE. 210
 PALM BEACH, FL 33480



04192006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 36-4511819

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 NATIONAL CORPORATE RESEARCH, LTD., INC.
 515 E. PARK AVE.
 TALLAHASSEE, FL 32301

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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**

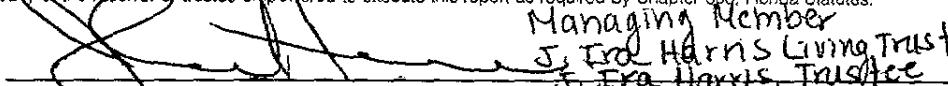
9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THE J. IRA HARRIS LIVING TRUST
STREET ADDRESS	310 WELL ROAD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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 05/06/06-80059-019 50.00

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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:  **J. Ira Harris, Trustee** **Managing Member** **4/21/06** **(561)** **659-7136**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #