

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000018870 1. Entity Name 313 CLEMATIS PARTNERS, LLC	
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Principal Place of Business 1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH, FL 33139	Mailing Address 1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0007221	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BELOFF, JONATHAN D
1111 LINCOLN ROAD, SUITE 400
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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

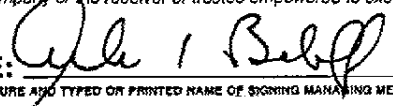
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONATHAN D. BELOFF AND MARISUE BELOFF 1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON FOX AND KAREN FOX 500 LAKEVIEW COURT MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/16/04-80047-006 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **January 15, 2004 305-673-1101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #