

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90164 021 ****50.00

DOCUMENT # L04000020710 1. Entity Name 13TH FLOOR INVESTMENTS, LLC			
Principal Place of Business 300 SW 12TH AVENUE SUITE 3108 MIAMI, FL 33158 US		Mailing Address 300 SW 12TH AVENUE SUITE 3108 MIAMI, FL 33158 US	
2. Principal Place of Business 13627 Deering Bay Dr Suite, Apt. #, etc. #1003 City & State Coral Gables, FL Zip 33158 Country		3. Mailing Address 13627 Deering Bay Dr Suite, Apt. #, etc. #1003 City & State Coral Gables, FL Zip 33158 Country	
4. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		5. FEI Number 20-0887954 Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Shann Tolley Street Address (P.O. Box Number is Not Acceptable) 9200 S Dadeland Blvd #412 City Miami, FL Zip Code 33156	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 6/9/05	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME KARSENTI, ARNAUD P <input type="checkbox"/> Delete STREET ADDRESS 13627 DEERING BAY DRIVE, APARTMENT 1003 CITY-ST-ZIP CORAL GABLES, FL 33158	TITLE MGR NAME KARSENTI, MICHELE <input type="checkbox"/> Delete STREET ADDRESS 13627 DEERING BAY DRIVE, APARTMENT 1003 CITY-ST-ZIP CORAL GABLES, FL 33158	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 06.15.05 Daytime Phone # 305.278-2411	