2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000002596

FILED Jul 25, 2005 08:00 AM Secretary of State

13 ASSO	CIATES LLC	<u>-</u>			} }			
Principal Place	of Business	Mailing Address			1			
211 BROADW LYNBROOK, N	/AY, STE. 302 NY 11563	211 BROADWAY, LYNBROOK, NY		,				
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		v , a.		and the second of the second o	5. Certificat	e of Status Desi	red 🔲	\$5.00 Additional Fee Required
	6. Name and Address of Current R	egistered Agent			V	THE PERSON	**************************************	mile and and all all and the
526 EAST STE. 200	G & SEARCH SERVICES, INC. PARK AVE. SSEE, FL 32302	-	-	1.00	* **** . ~	NOT THIS		
	named entity submits this statement for	the purpose of chang	jīng its register	red office or register	red agent, or b	oth, in the State	of Florida. I ar	n familiar with, and accept
ine obligati	ons of registered agent.					•		,-
SIGNATURE_	Signature, typed or printed name of registered agent an	d'title il applicable	(NOTE Register	ed Agent signature required	i when reinstelling)		DATE	
Fili Due b	ing Fee is \$50.00 y September 7, 2005		-					
9.	MANAGING MEMBER	S/MANAGERS		The state of the s	7: 400 min w com		SASTERNA CATALON	
TITLE	MGRM					<u> </u>		e e e e e e e e e e e e e e e e e e e

WIENER, LOUIS U00000374340 STREET ADDRESS 20139 S. KEY DR. 07/25/05-80006-003 50.00 CITY-ST-ZIP BOCA RATON, FL 33498 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:
SIGNATURE AND TYPERON PRINTED MANE OF SENING MANAGING MEMBER, ON AUTHORIZED REPRESENTATIV

Daytime Phone #