

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90029 012 \*\*\*\*50.00

<b>DOCUMENT # L04000020710</b>					
<b>1. Entity Name</b> 13TH FLOOR INVESTMENTS, LLC					
<b>Principal Place of Business</b> 13627 DEENEY BAY DR # 1003 MIAMI, FL 33158 US			<b>Mailing Address</b> 13627 DEENEY BAY DR. # 1003 MIAMI, FL 33158 US		
<b>2. Principal Place of Business</b> 13627 Deering Bay Dr Suite, Apt. #, etc. #1003 City & State Miami, FL Zip 33158 Country US			<b>3. Mailing Address</b> 13627 Deering Bay Dr. Suite, Apt. #, etc. #1003 City & State Miami, FL Zip 33158 Country US		
<b>4. FEI Number</b> 20-0887954				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				04082006 Chg-LLC CR2E083 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> TOLLEY, SHAWN 9200 S DASELAND BLVD, # 412 MIAMI, FL 33156			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> <input type="checkbox"/> Delete KARSENTI, ARNAUD P 13627 DEERING BAY DRIVE, APARTMENT 1003 CORAL GABLES, FL 33158		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> <input type="checkbox"/> Delete KARSENTI, MICHELE 13627 DEERING BAY DRIVE, APARTMENT 1003 CORAL GABLES, FL 33158		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>			Date <u>4/13/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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