

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006178

Entity Name: 13OVER30 LLC

FILED  
Jul 06, 2006  
Secretary of State

## Current Principal Place of Business:

AV. DEFENSORES DE CHAVES, NO. 15 - 6E  
LISBOA 1000-109  
PORTUGAL, XX

## Current Mailing Address:

AV. DEFENSORES DE CHAVES, NO. 15 - 6E  
LISBOA 1000-109  
PORTUGAL, XX

## New Principal Place of Business:

AV. DEFENSORES DE CHAVES, NO. 15 - 6E  
LISBOA 1000-109  
PORTUGAL, XX PORTUGAL XX

## New Mailing Address:

AV. DEFENSORES DE CHAVES, NO. 15 - 6E  
LISBOA 1000-109  
PORTUGAL, XX PORTUGAL XX

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CARTON MANAGERS LTD.,  
Address: P.O. BOX 2, THE VALLEY  
City-St-Zip: ANGUILLA, B.W.I.,

Title: MGRM (X) Delete  
Name: MURPHY, GRAHAM  
Address: SOVEREIGN HOUSE, STATION ROAD  
City-St-Zip: ST. JOHNS, ISLE OF MAN,

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CARTON MANAGERS LTD.,  
Address: P.O. BOX 2, THE VALLEY  
City-St-Zip: ANGUILLA, B.W.I., XX ANGUILLA XX

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GRAHAM MURPHY

MR

07/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date