## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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DOCUMENT # L02000014582

533 NE 13 STREET, LLC



FILED Jan 17, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

514 N.E. 13TH STREET

FORT LAUDERDALE, FL 33304

Mailing Address

514 N.E. 13TH STREET

FORT LAUDERDALE, FL 33304

01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 42-1602813

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

CAGLIANONE, PAMELA 514 N.E. 13TH STREET FORT LAUDERDALE, FL 33304

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| 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.  |  |
|    |   |  |
| Si | GNATURE   |  |

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

*U00000587605* 01/17/07-80039-016 50.00

MANAGING MEMBERS/MANAGERS 9. MGR TITLE CAGLIANONE, DERRICK NAME STREET ADDRESS 514 N.E. 13TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33304 MGR TITLE CAGLIANONE, PAMELA NAME STREET ADDRESS 514 N.E. 13TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33304 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filling 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGIN