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Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90012 027 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M01000002596

1. Entity Name
13 ASSOCIATES LLC



Principal Place of Business
**211 BROADWAY, STE. 302 207
LYNBROOK, NY 11563**

Mailing Address
**211 BROADWAY, STE. 302 207
LYNBROOK, NY 11563**

60052274



DO NOT WRITE IN THIS SPACE

07052007 No Chg-LLC

CR2E083 (11/05)

4. FRI Number
11-3546536

Applied For
Not Applicable

5. Certificate of Status Designated ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**UGC FILING & SEARCH SERVICES, INC
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309**

**LOUIS WIENER
1095 CORNWALL E
BOCA RATON FL 33434**

**DO NOT WRITE
IN THIS SPACE**

7. 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

8. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WIENER, LOUIS
STREET ADDRESS	20430 G KEY DR. 1095 CORNWALL E
CITY-ST-ZIP	BOCA RATON, FL 33434- BOCA RATON FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

9. 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.

SIGNATURE:

[Signature]

7/5/07

516-599-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #