


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90187 039 ***150.00

DOCUMENT # 178299	
1. Entity Name EFS XIII, INC.	

Principal Place of Business 1221 LAMAR ST SUITE 1600 HOUSTON, TX 77010 US	Mailing Address 1221 LAMAR ST SUITE 1600 HOUSTON, TX 77010 US
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2. Principal Place of Business - No P.O. Box # 1331 Lamar St.	3. Mailing Address 1331 Lamra St.
Suite, Apt. #, etc. Suite 1600	Suite, Apt. #, etc. Suite 1600
City & State Houston, Tx 77010	City & State Houston, Tx 77010
Zip 77010	Country USA

04032007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

4. FEI Number 59-0711627	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLINE, K. WADE 1221 LAMAR, SUITE 1600 HOUSTON, TX 77010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Cline, K. Wade 1331 Lamar St, Suite 1600 Houston, Tx 77010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEE, PATRICIA A 1221 LAMAR ST STE 1600 HOUSTON, TX 77010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Lee, Patricia A 1331 Lamar St. Suite 1600 Houston, Tx 77010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMALLING, J MICHAEL 1221 LAMAR ST STE 1600 HOUSTON, TX 77010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Smalling, J Michael 1331 Lamar St., Suite 1600 Houston, Tx 77010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MILLS, SCOTT 1221 LAMAR, SUITE 1600 HOUSTON, TX 77010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DAVIS, ANGUS H 1221 LAMAR STREET STE 1600 HOUSTON, TX 77010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Davis, Angus H 1331 Lamar St Suite 1600 Houston, Tx 77010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYDECKER, RICHARD A JR 1221 LAMAR ST STE 1600 HOUSTON, TX 77010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lydecker, Richard A Jr 1331 Lamar St. Suite 1600 Houston, Tx 77010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia A. Lee* Patricia A. Lee, Asst. Secretary 713-853-5172
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #