


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

DOCUMENT # A02000000602	
1. Entity Name TWENTY-THREE OF THIRTEEN LIMITED	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 11 AM 11:41

Principal Place of Business <del>412 MILITARY TRAIL</del> DEERFIELD BEACH FL 33442	Mailing Address <del>412 MILITARY TRAIL</del> DEERFIELD BEACH FL 33442
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2. Principal Place of Business 9319 W. SAMPLE ROAD Suite, Apt. #, etc. 203	3. Mailing Address 9319 W. SAMPLE ROAD Suite, Apt. #, etc. 203
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City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL
Zip 33065	Zip 33065
Country US	Country US



1ST MOORE CR2E003 (10/04)

4. FEI Number 32-0018092	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GILLESPIE & ALLISON, P.A. 1515 S. FEDERAL HWY., STE. 301 BOCA RATON FL 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record.	\$800,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000076976	STREET ADDRESS	9319 W. SAMPLE ROAD #203
NAME	J.D. LANDON, INC.	CITY-ST-ZIP	CORAL SPRINGS, FL 33065
STREET ADDRESS	<del>421 MILITARY TRAIL</del>		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_ DATE: 4-29-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE