


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000009686 1. Entity Name 13145-47, L.C.	
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Principal Place of Business 1065 N.E. 125TH STREET, SUITE 405 C/O ROBERTA SEGAL MIAMI FL 33161	Mailing Address 1065 N.E. 125TH STREET, SUITE 405 C/O ROBERTA SEGAL MIAMI FL 33161
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1st MOORE CR2E083 (10/04)

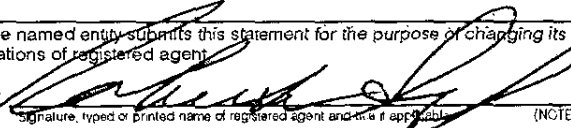
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 31-1748571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
SEGAL, ROBERTA 1065 N.E. 125TH STREET, SUITE 405 MIAMI FL 33161

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SEGAL, ROBERTA 1065 N.E. 125TH STREET, SUITE 405 MIAMI FL 33161	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>

10. ADDITIONS/CHANGES		Change	Admin
TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000202534 01/28/05-80115-006 55.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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 	Date 1/18/05	Daytime Phone # 305-899-1065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #