

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90029 049 \*\*\*\*55.00

**DOCUMENT # L00000011442**

1. Entity Name  
**LUCKY 13 INVESTMENTS, L.L.C.**

Principal Place of Business      Mailing Address  
**2701 AQUA VISTA BLVD.**      **2701 AQUA VISTA BLVD.**  
**FORT LAUDERDALE FL 33301**      **FORT LAUDERDALE FL 33301**

2. Principal Place of Business      3. Mailing Address  
**1313 E LAS OLAS BL.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**FORT LAND.**  
 Zip      Country      Zip      Country  
**33301**      **BROWARD**

4. FEI Number      Applied For  
**65-1042891**       Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HAROLD S. BOFSHEVER & ASSOCIATES, P.A.**  
**4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR**  
**FORT LAUDERDALE FL 33308**

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.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P D</b> <b>WOLTIN, ROBERT I</b> <b>2701 AQUA VISTA BLVD.</b> <b>FORT LAUDERDALE FL 33301</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OPERATING PARTNER</b> <b>WOLTIN ROBERT I</b> <b>2701 AQUA VISTA BLVD.</b> <b>FTLAND FL 33301</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/25/02**      **954 5574758**  
 Date      Daytime Phone #

CR2E083 (9/01)