## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000012806

1. Entity Name

13FOUR53, L.C.



• •			WE TE	<i>5</i> /				
Principal Place of Business Mailing Address								
1113 SE 9TH STREET FORT LAUDERDALE FL 33316		1113 SE 9TH STREET FORT LAUDERDALE FL 33316		<u> </u> 	ធូបប	JJUIU		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Nu	mber 65-1051367		Applied For	
Zip	Country	Zip	Country	5. Certific	ate of Status Desired	□ \$5.00 Ac		
	6. Name and Address of Current	Registered Agent		7 Name s	and Address of New Reg	Fee Requir	ed	
~ **-	- <del></del>		Name	-	THE AUGUST OF HEW REL	gistered Agent		
GLORIEUX, JOHN 1113 SE 9TH STREET FORT LAUDERDALE FL 33316			Street Addre	ess (P.O. Box Nur	mber is Not Acceptable)			
101	II EVODELINVIE LE 20210					<del></del>		
<del></del>	•		City			FL Zip Cod		
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	egistered office or reg	istered agent, or	both, in the State of Floric	da. I am familiar with	, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable	Decision					
	- Same of Appeal of Printed Health of Togotolog again	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature rea			DATE		
		Make Check Payable	W!!! FEE IS \$50.					
			By May 1, 2003	ment of State				
9.	MANAGING MEMBE		10.		ADDITIONS/CI	HANGES		
TITLE	MGRM	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CI	☐ Change	Addition	
NAME STREET ADDRESS	GLORIEUX, JOHN		NAME					
CITY-ST-ZIP	1113 SE 9TH STREET		STREET ADDRESS CITY-ST-ZIP					
TITLE	FORT LAUDERDALE FL 33316 MGRM	Delete	<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del></del>			
NAME	GLORIEUX, LAURIE	C Delete	TITLE NAME			☐ Change	☐ Addition }	
STREET ADDRESS	1113 SE 9TH STREET	,	STREET ADDRESS				ĺ	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	····	CITY-ST-ZIP		_			
TITLE		☐ Delete	TITLE			Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
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CITY-ST-ZIP	•	•	CITY-ST-ZIP				}	
ITLE		☐ Delete	TITLE	<del></del>	<del></del>	☐ Change	Addition	
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TREET ADDRESS			STREET ADDRESS					
ITY-ST-ZIP		İ	CITY-ST-ZIP					

**FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90576 025 \*\*\*\*50.00

y	MANAGING MEMBERS/MANAG	GERS	10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLORIEUX, JOHN 1113 SE 9TH STREET FORT LAUDERDALE FL 33316	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLORIEUX, LAURIE 1113 SE 9TH STREET FORT LAUDERDALE FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition

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:

AURIE GLORIEUK MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE