2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001915

Entity Name

PREMIERE HOUSING THIRTEEN LIMITED COMPANY



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90040 033 ****50.00

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BAKER, JOHN M 808 W. COLUMBUS DR. TAMPA FL 33602 City FL Zip Code City FL Zip Code 6. 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 tentiliar with, and accept the obligations of registered agent. FILE NOW!!! FE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS (MANAGERS 10, ADDITIONS/CHANGES 100) Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS (MANAGERS 10, ADDITIONS/CHANGES 100) Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS (MANAGERS 10, ADDITIONS/CHANGES 100) MAKE SISTER ADDRESS (CITY-ST-7P) TILE MAGR PROFESSIONAL REHAB INC. MAKE SISTER ADDRESS (CITY-ST-7P) TILE MARKE 10 Delete 1116 MAKE 1		6. Name and Address of Current	Registered Agent		7. Name a	and Address of New Regis	tered Agent	\equiv		
Street Address (P.O. Box Number is Not Acceptable)	RAK	Name	Name							
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. Signature Special	806	W. COLUMBUS DR.		Street Address		nber is Not Acceptable)				
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plontal. I am familiar with, and accept the state of Plontal agent. Signature Sig	IAM	PA PL 33002								
SIGNATURE Signature, Typed or printed name of registered agent and size if application. (NOTE Registered Agent algrature mequined where reinstating) DATE				City			FL Zi	p Code	e	
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		ertify that the information supplied with	this filing does not qualify for		Section 119 070	(3)(i). Florida Statutes, I furth	ner certify that	t the in	formation	

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 accordate 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 empanyered 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

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Daytime Phone #