

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90085 030 \*\*\*50.00

**DOCUMENT # L02000032868**

1. Entity Name  
**THIRTEEN ARAGONIANS, LLC**



Principal Place of Business  
**200 GRAND BAY PLAZA  
2665 SOUTH BAYSHORE DRIVE  
MIAMI, FL 33133**

Mailing Address  
**200 GRAND BAY PLAZA  
2665 SOUTH BAYSHORE DRIVE  
MIAMI, FL 33133**

**24061471**



04132004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**81-0585396**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

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

**O'NAGHTEN, JUAN T  
200 GRAND BAY PLAZA  
2665 SOUTH BAYSHORE DRIVE  
MIAMI, FL 33133**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
O'NAGHTEN, JUAN T  
2665 S. BAYSHORE DR 200  
MIAMI, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**JUAN T. O'Naghten**

**4-28-04**

Date

**305-285-0800**

Daytime Phone #