


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000011225**

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



Principal Place of Business  
**24105 HARBOR VIEW ROAD  
 PORT CHARLOTTE, FL 33980**

Mailing Address  
**24105 HARBOR VIEW ROAD  
 PORT CHARLOTTE, FL 33980**

**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>06-1685696</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SOUTHWEST 22 STREET 4TH FLOOR  
 MIAMI, FL 33145**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ROSENFELD, LOUIS D 24105 HARBOR VIEW ROAD PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ROSENFELD, JONATHAN L 24105 HARBOR VIEW ROAD PORT CHARLOTTE, FL 33980
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 05/15/07-80138-018 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Louis Rosenfield** **4/27/07 941-629-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #