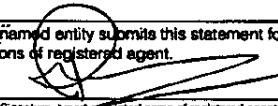
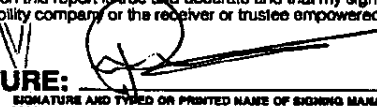


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90284 012 \*\*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L03000012267</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       |   |  |
| <b>1. Entity Name</b><br>EXODUS 613, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                    |  |
| <b>Principal Place of Business</b><br>7025 BERACASA WAY, SUITE 107<br>BOCA RATON, FL 33433                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                                                                                               | <b>Mailing Address</b><br>7025 BERACASA WAY, SUITE 107<br>BOCA RATON, FL 33433                                                                                                                                        |                                                                                    |  |
| <b>2. Principal Place of Business</b><br>7284 W. Palmetto Park Rd<br>Suite, Apt. #, etc.<br>Ste # 106<br>City & State<br>Boca Raton, FL<br>Zip<br>33433<br>Country<br>USA                                                                                                                                                                                                                                                                                                                                            |                                                                               | <b>3. Mailing Address</b><br>7284 W. Palmetto Park Rd<br>Suite, Apt. #, etc.<br>Ste # 106<br>City & State<br>Boca Raton, FL<br>Zip<br>33433<br>Country<br>USA |                                                                                                                                                                                                                       |  |  |
| 01082004 Chg-LLC CR2E083 (10/03)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       | <b>4. FEI Number</b><br>721563181                                                  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br>KODSI, ISAAC ESQ<br>C/O KODSI LAW FIRM, P.A.<br>701 W. CYPRESS CREEK RD., 3RD FLR<br>FT. LAUDERDALE, FL 33309                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                                                                                               | <b>7. Name and Address of New Registered Agent</b><br>Name: Daniel A. Kaskel, P.A.<br>Street Address (P.O. Box Number is Not Acceptable)<br>7284 W. Palmetto Park Rd - Ste 108<br>City: Boca Raton FL Zip Code: 33433 |                                                                                    |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                    |  |
| SIGNATURE:  DATE: 4-12-04<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                            |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                    |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | Make check payable to<br>Florida Department of State                                                                                                          |                                                                                                                                                                                                                       |                                                                                    |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       | <b>10. ADDITIONS/CHANGES</b>                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGRM<br>BERDUGO, ELIE<br>7025 BERACASA WAY, SUITE 107<br>BOCA RATON, FL 33433 |                                                                                                                                                               |                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| <b>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 606, Florida Statutes.</b> |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                    |  |
| SIGNATURE:  DATE: 4-12-04                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                    |  |