2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-14-2004 90284 012 ****50.00

DOCUMENT # L03000012267

1. Entity Name
EXODUS 613, LLC

Principal Place of Business	Mailing Address
7025 BERACASA WAY, SUITE 107 BOCA RATON, FL 33433	7025 BERACASA WAY, SUITE 107 BOCA RATON, FL 33433

2. Principal Place of Business	3. Mailing Address
7284 W. Palmetto Park Rd	7284 W. Palmetto Park Rd
Suite, Apt. #, etc. Ste # 106	Suite, Apt. #, etc. Ste # 106
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33433 Country USA	Zip 33433 Country USA

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 721560318 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KODSI, ISAAC ESQ C/O KODSI LAW FIRM, P.A. 701 W. CYPRESS CREEK RD., 3RD FLR FT. LAUDERDALE, FL 33309	Name: Daniel A. Kaskel, P.A. Street Address (P.O. Box Number is Not Acceptable) 7284 W. Palmetto Park Rd. Ste 108 City: Boca Raton FL Zip Code: 33433

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 _____ 4-12-04
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BERDUGO, ELIE 7025 BERACASA WAY, SUITE 107 BOCA RATON, FL 33433	☐ 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
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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: _____ 4-12-04 5613951086 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #