

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90038 039 \*\*\*\*50.00

<b>DOCUMENT # L03000012267</b>	
1. Entity Name <b>EXODUS 613, LLC</b>	

Principal Place of Business <b>7284 W. PALMETTO PARK RD. SUITE #106 BOCA RATON FL 33433</b>	Mailing Address <b>7284 W. PALMETTO PARK RD. SUITE #106 BOCA RATON FL 33433</b>
--	--



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

1st MOORE CR2E083 (10/06)

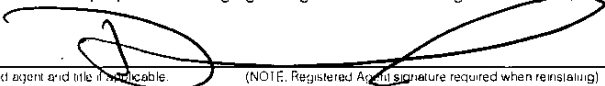
City & State	City & State	4. FEI Number <b>72-1563181</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  <b>KASKELK, DANIEL A P.A. 7284 W. PALMETTO PARK RD. STE. 108 BOCA RATON FL 33433</b>
--

<b>7. Name and Address of New Registered Agent</b> Name <b>DANIEL A. KASKEL, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7284 W. Palmetto Park Rd #108</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>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.

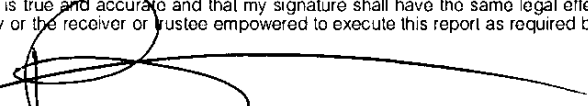
SIGNATURE  (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERDUGO, L.L.C. 7284 W. PALMETTO PARK ROAD, STE 106 BOCA RATON FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMYET FAMILY PARTNERSHIP, LTD. 7538 CHESTER TERRACE BOCA RATON FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DBK FAMILY PARTNERSHIP, LTD. 22197 LARKSPUR TRAIL BOCA RATON FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOL MARGHZAR, SOHEIL 1315 SOUTH SALT AIR AVENUE, SUITE 203 LOS ANGELES CA 90025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAVANIZADEHR, LILLY 1315 SOUTH SALT AIR AVENUE, SUITE 203 LOS ANGELES CA 90025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **4/17/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #