2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2004 8:00 am Secretary of State

DOCUMENT # L03000018018 1. Entity Name AGR ARIZONA 13 LLC						04-20-2004 90189 018 ****50.00				
Principal Place of Business 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33624			Mailing Address 13014 N. DALE MABRY HWY SUITE 356 TAMPA, FL 33618			 1110 HIN 81H 81H 81H				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03182004	Chg-LLC	CR2E0	83 (10/03)	
City & State			City & State			4. FEI Number	-048117	29	1	plied For t Applicable
Zip 330	618	Country	Zip	Countr	у		f Status Desired		\$5.00 Add Fee Required	
	6. Name	and Address of Current R	egistered Agent		N	7. Name and A	Address of New R	egistered A	lgent	
	(O. OAD)	, <u>,</u>			Name		÷			
FAIRBANKS, GARY A 13014 N. DALE MABRY HWY SUITE 356					Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33618			City		City			FL	Zip Code	э
						FL See See See See See See See See See S				
	ions of regis	ty submits this statement for stered agent.	the purpose of changing its	registered	d office or register	red agent, or both	i, in the State of Flo	orida. Fam I	amiliar with, a	and accept
SIGNATURE :	Signature, types	d or printed name of registered agent a	id title if applicable. (NOT)	E: Registered	Agent signature required	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004						Make check payable to Florida Department of State				
Fi Di	ling Fee ue by Ma	is \$50.00 y 1, 2004								• ()
Pi Di	ue by Ma	is \$50.00 y 1, 2004 MANAGING MEMBER	RS/MANAGERS	10.				Departm		•
Di	we by Ma	y 1, 2004 MANAGING MEMBER	S/MANAGERS	10. 11TLE			Florida	Departm		Addition
9. THE	MGRM RAPPAP	MANAGING MEMBER	☐ Delete	11TLE NAME			Florida	Departm	ent of State	
9.	MGRM RAPPAP 13014 N	y 1, 2004 MANAGING MEMBER	☐ Delete	11TLE NAME	T ADDRESS ST-ZIP		Florida	Departm	ent of State	
9. THE NAME STREET ADDRESS	MGRM RAPPAP 13014 N	MANAGING MEMBER ORT GAMMA LP DALE MABRY HWY, ST	☐ Delete	TITLE NAME STREE			Florida	Departm	ent of State	
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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 TYPES OR PRINTED HANDE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE A. C. RAPPAPORT