


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L03000018018 1. Entity Name AGR ARIZONA 13 LLC |  |
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| Principal Place of Business 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618 | Mailing Address 13014 N. DALE MABRY HWY SUITE 356 TAMPA, FL 33618 |
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 88-0481129 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent FAIRBANKS, GARY A 13014 N. DALE MABRY HWY SUITE 356 TAMPA, FL 33618 |
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM RAPPAPO RT GAMMA LP 13014 N. DALE MABRY HWY, STE 356 TAMPA, FL 33618 |
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04/09/07-80007-022 50.00

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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: A. G. RAPPAPORT 3/28/07 813-269-0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #