

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90031 038 ****50.00

DOCUMENT # L03000020394

1. Entity Name
THIRTEEN BISCAYNE ASSOCIATES, LLC



Principal Place of Business
**SUITE 200 GRAND BAY PLAZA
2665 SOUTH BAYSHORE DR
MIAMI, FL 33133**

Mailing Address
**SUITE 200 GRAND BAY PLAZA
2665 SOUTH BAYSHORE DR
MIAMI, FL 33133**



2. Principal Place of Business
2950 SW 27th Ave

3. Mailing Address
2950 SW 27th Ave

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33133

Country
USA

Zip
33133

Country
USA

08032004 Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2370168

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, EDUARDO J
SUITE 200 GRAND BAY PLAZA
2665 SOUTH BAYSHORE DR
MIAMI, FL 33133**

7. Name and Address of New Registered Agent

Name **Garcia, Eduardo J**
Street Address (P.O. Box Number is Not Acceptable)
Suite 300 Grove Professional Bldg
2950 SW 27th Ave
City **MIAMI** FL Zip Code **33133**

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

Eduardo Garcia

Eduardo Garcia 8-24-04

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 September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manager
STREET ADDRESS	Juan T. O'Naghten
CITY-ST-ZIP	2950 SW 27th Ave Suite 300
	MIAMI, FL 33133
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Juan T. O'Naghten

Juan T. O'Naghten

8-24-04

Date

305-285-0800

Daytime Phone #