

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000020394 1. Entity Name THIRTEEN BISCAYNE ASSOCIATES, LLC	
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Principal Place of Business 2950 SW 27TH AVE STE 300 MIAMI, FL 33133	Mailing Address 2950 SW 27TH AVE STE 300 MIAMI, FL 33133
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04052005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2370168	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GARCIA, EDUARDO J
STE 300 300 GROVE PROFESSIONAL BLDG
2950 SW 27TH AVE
MIAMI, FL 33133**

**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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

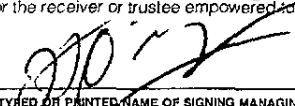
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OLNAGHTEN, JUAN T 2950 SW 27TH AVE STE 300 MIAMI, FL 33133
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U00000322121
04/21/05-80105-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #