


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000036584 1. Entity Name KENDALL 13, LLC	
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FILED
 04 MAY 25 AM 11:07
 CLERK OF THE STATE
 TALLAHASSEE, FLORIDA

MJH

Principal Place of Business 5779 NW 151ST STREET MIAMI LAKES, FL 33015	Mailing Address 5779 NW 151ST STREET MIAMI LAKES, FL 33015
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2. Principal Place of Business 14160 Palmetto Frontage Rd Suite, Apt. #, etc. 21	3. Mailing Address 14160 Palmetto Frontage Rd. Suite, Apt. #, etc. 21
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03262004 Chg-LLC CR2E083 (10/03) 5/25

City & State Miami Lakes, FL Zip 33016 Country	City & State Miami Lakes, FL Zip 33016 Country
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4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent CAPARROS, MARTIN JR 5779 NW 151ST STREET MIAMI LAKES, FL 33015	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPARROS, MARTIN JR. <input type="checkbox"/> Delete 5779 NW 151ST STREET MIAMI LAKES, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Caparros, Martin Jr. 14160 Palmetto Frontage Rd. #21 Miami Lakes, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/24/04--01024--002 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: Martin Caparros 4/30
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE