


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-31-2004 90031 039 \*\*\*\*50.00

<b>DOCUMENT # L03000051956</b>	
1. Entity Name THIRTEEN DOWN SOUTH, LLC	

Principal Place of Business SUITE 200, GRAND BAY PLAZA 2665 S BAYSHORE DR MIAMI, FL 33133	Mailing Address SUITE 200, GRAND BAY PLAZA 2665 S BAYSHORE DR MIAMI, FL 33133
--	--

2. Principal Place of Business 2950 SW 27th Ave Suite, Apt. #, etc. Suite 300	3. Mailing Address 2950 SW 27th Ave Suite, Apt. #, etc. Suite 300
--	--

City & State Miami, FL	City & State Miami, FL
Zip 33133	Country USA

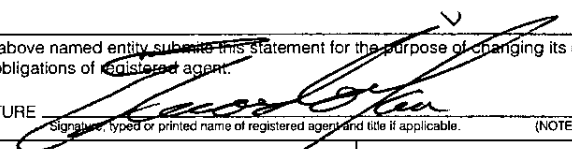


08032004 Chg-LLC CR2E083 (10/03)

4. FEI Number 33-1085019	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent GARCIA, EDUARDO J SUITE 200, GRAND BAY PLAZA 2665 S 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 	Edoardo Garcia 8-25-04 (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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: 	Rolando Delgado 8-25-04 305-285-0800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
---	--