## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000051956**

1. Entity Name

THIRTEEN DOWN SOUTH, LLC



Principal Place of Business

2950 SW 27TH AVE

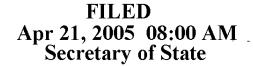
SUITE 300 MIAMI, FL 33133

SIGNATURE:

Mailing Address

2950 SW 271H AVE SUITE 300

MIAMI, FL 33133





04052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 33-1085019

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Daytime Phone #

5. Name and Address of Current Registered Agent

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

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8. The above the obligat	named entity submits this statement for the purpose of cha ions of registered agent	nging its registered o	office or registered agent, or both, in the	State of Florida. I am familiar	with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and tille if applicable	(NOTE Registered Ag	ent signalure required when reinstating)	DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2005					
9.	MANAGING MEMBERS/MANAGERS					
NAME STREET ADDRESS CITY-ST-ZIP	MGR DELGADO, ROLANDO 2950 SW 27TH AVE MIAMI, FL 33133		04,/	U00000322120 04/21/05-80105-021 50.00 <b>DO NOT WRITE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI, 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 AND TYPED OR PRINTED NAME OF SIGNING MADIAGING MEMBER, OR AUTHORIZED REPRESENTATIVE