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May 23, 2005 8:00 am
Secretary of State

04-26-2005 90014 031 ****50.00

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04052005 Chg-LLC CR2E083 (10/03)

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000010043

1. Entity Name
THIRTEEN HELM, LLC

Principal Place of Business	Mailing Address
2665 S BAYSHORE DR, STE 200 MIAMI, FL 33133	2665 S BAYSHORE DR, STE 200 MIAMI, FL 33133

2. Principal Place of Business		3. Mailing Address	
2950 SW 27th Avenue		2950 SW 27th Ave	
Suite, Apt. #, etc.: Suite # 300		Suite, Apt. #, etc.: # 300	
City & State: Miami Florida		City & State: Miami Fl	
Zip: 33133	Country: USA	Zip: 33133	Country: USA

4. FEI Number: 20-1789990 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, EDUARDO J 2665 S BAYSHORE DR, STE 200 GRAND BAY PLAZA MIAMI, FL 33133	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELGADO, ROLANDO JR 2665 S BAYSHORE DR, STE 200 MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #