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FILED
Jun 06, 2005 8:00 am
Secretary of State

04-25-2005 90103 016 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000024329

1. Entity Name
THIRTEEN KROME, LLC

300008686

04052005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
STE 200, GRAND BAY PLAZA 2665 S BAYSHORE DR MIAMI, FL 33133	STE 200, GRAND BAY PLAZA 2665 S BAYSHORE DR MIAMI, FL 33133
2. Principal Place of Business: 2950 SW 27th Avenue	3. Mailing Address: 2950 SW 27th Ave
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite # 300
City & State: Miami Florida	City & State: Miami Fl
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. FEI Number: 20-1215529 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, EDUARDO J
STE 200, GRAND BAY PLAZA
2665 S BAYSHORE DR
MIAMI, FL 33133

7. Name and Address of New Registered Agent

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	☐ Delete	TITLE Manager NAME Rolando Delgado Jr. STREET ADDRESS 2950 SW 27 Ave #300 CITY-ST-ZIP Miami Fl 33133	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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] 4/20/05 305-358-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #