

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061009

Entity Name: 13TH FLOOR STUDIOS, LLC

FILED
Jul 11, 2007
Secretary of State

Current Principal Place of Business:

10305 NW 41 STREET, SUITE 131
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

10305 NW 41 STREET, SUITE 131
MIAMI, FL 33178

New Mailing Address:

FEI Number: 20-1697685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OLIVER J. LANGSTADT, ESQ., P.A.
815 PONCE DE LEON BOULEVARD, SUITE P-201
CORAL GABLES, FL 33134 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STORANDT, CHRISTIAN
Address: 10305 NW 41 STREET, SUITE 131
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: MARTINEZ, EDITA
Address: 10305 NW 41 STREET, SUITE 131
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MARTINEZ, PEDRO C JR.
Address: 10305 NW 41 STREET, SUITE 131
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PEDRO C MARTINEZ JR.

PRES

07/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date