FILED
Jun 06, 2005 8:00 am
Secretary of State
04-25-2005 90103 022 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

30008682

04052005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000066262

1. Entity Name
THIRTEEN PINECREST, LLC

Principal Place of Business	Mailing Address
GRAND BAY PLAZA, SUITE 200 2665 SO. BAYSHORE DRIVE MIAMI, FL 33133	GRAND BAY PLAZA, SUITE 200 2665 SO. BAYSHORE DRIVE 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 Fl		City & State: Miami Fl	
Zip: 33133	Country: USA	Zip: 33133	Country:

4. FEI Number 20-1615053 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

XIQUES, ALFREDO D
GRAND BAY PLAZA, SUITE 200
2665 SO. BAYSHORE DRIVE
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 Eduardo Garcia Jr. STREET ADDRESS 2950 SW 27th 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] 3/20/05 305-358-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #