

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

04-25-2005 90098 001 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000076223			
1. Entity Name THIRTEEN BIRDS, LLC			
Principal Place of Business 2665 SOUTH BAYSHORE DRIVE STE. 200 MIAMI, FL 33133		Mailing Address 2665 SOUTH BAYSHORE DRIVE STE. 200 MIAMI, FL 33133	
2. Principal Place of Business 2950 SW 27 th AVENUE Suite # 300 Miami FL		3. Mailing Address 2950 SW 27 th Ave Suite # 300 Miami FL	
4. FEI Number 20-1779909		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GARCIA, EDUARDO JR 2665 SOUTH BAYSHORE DRIVE STE. 200 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 _____ (NOTE: Registered Agent signature required when reappointing) 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-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
☐ Delete		☐ Change ☒ Addition	
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☐ Delete		☐ Change ☐ Addition	
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☐ Delete		☐ 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-appointee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____		Date: 7/26/05 305-358-4820	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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