


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90181 041 \*\*\*\*50.00

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # L04000091026</b>  |   |  |  |                       |  |
| <b>1. Entity Name</b><br>13SW8790, LLC  |   |  |  |  |  |
| <b>Principal Place of Business</b><br>12900 S.W. 89TH COURT<br>MIAMI, FL 33176  |   |  | <b>Mailing Address</b><br>12900 S.W. 89TH COURT<br>MIAMI, FL 33176             |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>                                |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                                      |  |  |  |
| <b>City &amp; State</b>   |   | <b>City &amp; State</b>                                  |  | <b>4. FEI Number</b><br>NOT APPLICABLE   |  |
| <b>Zip</b>  |   | <b>Country</b>   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |  |  | <b>7. Name and Address of New Registered Agent</b>   |  |
| FIELDSTONE, RONALD R<br>201 ALHAMBRA CIRCLE, SUITE 601<br>CORAL GABLES, FL 33134  |   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                     |  |
| <b>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.</b>  |   |  |  | FL Zip Code  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |   |  |  |  |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>   |   | <b>Make check payable to Florida Department of State</b> |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | MGRM<br>GARCIA, ROLAND JR<br>12900 SW 89TH CRT<br>MIAMI, FL 33176 |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <input type="checkbox"/> Delete   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |  |
| <input type="checkbox"/> Delete   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |  |
| <input type="checkbox"/> Delete   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |  |
| <input type="checkbox"/> Delete   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |  |
| <input type="checkbox"/> Delete   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b> |   |  |  |  |  |
| <b>SIGNATURE:</b> <i>Ronald Garcia Jr.</i>  |   |  | 4/4/07 3052343815  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  | Date Daytime Phone #   |  |  |