


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90263 031 ***138.75

| | |
|-----------------------------------|---|
| DOCUMENT # L05000028686 |  |
| 1. Entity Name 541 13TH STREET | |

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|---|--|
| Principal Place of Business 2829 BIRD AVENUE SUITE 5 PMB 295 MIAMI, FL 33133 | Mailing Address C/O JFI REALTY GROUP 2829 BIRD AVE #5 PMB 295 MIAMI, FL 33133 |
|---|--|

60013270

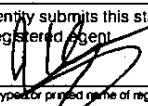


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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03062008 Chg-LLC CR2E083 (12/06)

| | | |
|--|--|---|
| 4. FEI Number 20-2585689 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent RICHARD A. SCHURR, P.A. 3637 POINCIANA AVENUE MIAMI, FL 33133 | | 7. Name and Address of New Registered Agent Name: JFI Realty Group Street Address (P.O. Box Number is Not Acceptable): JFI Fitzgerald 2829 Bird Ave Suite 5 PMB295 City: Miami FL Zip Code: 33133 |

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:  JILL FITZGERALD DATE: 3/14/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MRGM FITZGERALD, JILL S 2829 BIRD AVENUE #5 PMB 295 MIAMI, FL 33133 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE:  JILL FITZGERALD DATE: 3/14/08 3053338671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE