

**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



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

60015270



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03062008 Chg-LLC CR2E083 (12/06)

City & State  
 Zip Country

4. FEI Number  
 20-2585689

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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 J.F.I. Realty Group

Street Address (P.O. Box Number is Not Acceptable)  
Jill Fitzgerald

2829 Bird Ave Suite 5 PMB295

City Miami State 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

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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DAYTIME PHONE # 3053338671

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