

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 23, 2008  
Secretary of State**

DOCUMENT# L05000088270

Entity Name: 6813 LLC

**Current Principal Place of Business:**

P.O. BOX 55  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

6813 GARDEN AVE  
WEST PALM BEACH, FL 33405 US

**Current Mailing Address:**

P.O. BOX 55  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAC MAHON, DERMOT P  
1860 FOREST HILL BOULEVARD  
SUITE 105  
WEST PALM BEACH, FL 33406 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JONES, THOMAS L  
Address: P.O. BOX 55  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: MGRM ( ) Delete  
Name: SMITH-JONES, KATHIE J  
Address: P.O. BOX 55  
City-St-Zip: LAKE WORTH, FL 33460 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS L. JONES

MGRM

01/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date