

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L05000099325

1. Entity Name
MASMAR XIII-BOA, LLC



Principal Place of Business
**5835 BLUE LAGOON DRIVE, 4TH FLOOR
MIAMI, FL 33126**

Mailing Address
**5835 BLUE LAGOON DRIVE, 4TH FLOOR
MIAMI, FL 33126**



04132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1691553	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

**SHOJAE, MASOUD
5835 BLUE LAGOON DRIVE, 4TH FLOOR
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SHOJAE, MASOUD
STREET ADDRESS	5835 BLUE LAGOON DR 4TH FL
CITY- ST- ZIP	MIAMI, FL 33126

TITLE	VP
NAME	SHOJAE, MARIA
STREET ADDRESS	5835 BLUE LAGOON DR 4TH FL
CITY- ST- ZIP	MIAMI, FL 33126

TITLE	VP
NAME	MARTIN, TANIA
STREET ADDRESS	5835 BLUE LAGOON DR 4TH FL
CITY- ST- ZIP	MIAMI, FL 33126

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/08/07-80005-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Masoud Shojae

4/18/07

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

Date

Daytime Phone #