

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100230

Entity Name: 3904 SW 13 PARTNERS, LLC

FILED
Jan 25, 2006
Secretary of State

Current Principal Place of Business:

2046 ALTA MEADOWS LANE
#1907
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

3904 SW 13TH CT
FORT LAUDERDALE, FL 33312 US

Current Mailing Address:

2046 ALTA MEADOWS LANE
#1907
DELRAY BEACH, FL 33444 US

New Mailing Address:

P.O. BOX 51470
LIGHTHOUSE POINT, FL 33074 US

FEI Number: 20-4026785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LADOUX, STEVEN J
2046 ALTA MEADOWS LANE
#1907
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

JACKSON, SUSAN
4860 NE 27TH TERRACE
LIGHTHOUSE POINT, FL 33064 US

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: SUSAN JACKSON

01/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SPIEGEL, THOMAS MGR
Address: P.O. BOX 51470
City-St-Zip: LIGHTHOUSE POINT, FL 33074 US

Title: MGR () Change (X) Addition
Name: SPIEGEL, MICHAEL
Address: P.O. BOX 51470
City-St-Zip: LIGHTHOUSE POINT, FL 33074 US

I hereby certify that the information supplied with this filing does not qualify for the 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 SPIEGEL

MGR

01/25/2006

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