
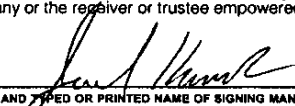


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90207 029 ***138.75

DOCUMENT # L06000025015 1. Entity Name 1713 GEORGIA LLC					
Principal Place of Business 622 N FLAGLER DRIVE #301 WEST PALM BEACH, FL 33401 US			Mailing Address 622 N FLAGLER DRIVE #301 WEST PALM BEACH, FL 33401 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-4437406 65-0452536	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02122008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent KAMINESTER, JOEL 622 N FLAGLER DRIVE #301 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	10. ADDITIONS / CHANGES				
MGRM KAMINESTER, VERA E 622 N FLAGLER DRIVE #301 WEST PALM BEACH, FL 33401	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Delete </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Delete </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Delete </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
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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: 		Date: 4-28-08		Daytime Phone #: 813-779-1010	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					