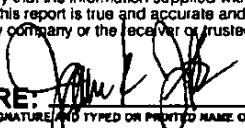


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

04-30-2007 90046 035 ****50.00

DOCUMENT # L06000041090					
1. Entity Name 1701-C13, LLC					
Principal Place of Business 1701 SE HILLMOOR DRIVE SUITE C-13 PORT ST. LUCIE, FL 34952 US			Mailing Address 1701 SE HILLMOOR DRIVE SUITE C-13 PORT ST. LUCIE, FL 34952 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number ☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04172007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent FENTON, JAMES R 1701 SE HILLMOOR DRIVE SUITE C-13 PORT ST. LUCIE, FL 34952			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FENTON, JAMES R 1701 SE HILLMOOR DRIVE, SUITE C-13 PORT ST. LUCIE, FL 34952	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: 			James R Fenton Pres		
SIGNATURE (TO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)			Date 7/2/3/7/7/8		

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