

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

04-30-2007 90061 034 ****50.00

DOCUMENT # L06000044304

1. Entity Name
THIRTEEN JACKSONVILLE, LLC



Principal Place of Business
**2950 SW 27TH AVENUE, SUITE 300
GROVE PROFESSIONAL BUILDING
MIAMI, FL 33133**

Mailing Address
**2950 SW 27TH AVENUE, SUITE 300
GROVE PROFESSIONAL BUILDING
MIAMI, FL 33133**

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

04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4767668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**XIQUES, ALFREDO D
2950 SW 27TH AVENUE, SUITE 300
GROVE PROFESSIONAL BUILDING
MIAMI, FL 33133**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

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
DELGADO, ROLANDO JR.
2950 SW 27TH AVENUE, SUITE 300
MIAMI, FL 33133** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ Delete

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STREET ADDRESS
CITY, ST, ZIP ☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

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

Rolando Delgado 4/21/07 448 7092
Date Daytime Phone #