2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L07000067329

Entity Name: IDEAL VENTURES XIII, LLC

Current Principal Place of Business:

400 NORTH ASHLEY DRIVE, SUITE 2010
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

PO BOX 1466
TAMPA, FL 33601

New Mailing Address:

FEI Number: 26-0501741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VERONA, BRETT
400 NORTH ASHLEY DRIVE, SUITE 2010
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

RELIANCE CONSULTING LLC
3105 W WATERS AVE, SUITE 105
TAMPA, FL 33614 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: AMOL NIRGUDKAR 05/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VERONA, BRETT
Address: 400 NORTH ASHLEY DRIVE, SUITE 2010
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM ( ) Delete
Name: BLUMENTHAL, RUSSELL
Address: 400 NORTH ASHLEY DRIVE, SUITE 2010
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RUSSELL BLUMENTHAL MGRM 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date