-2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # L96000000400 1. Entity Name MADISON XIII, L.C. Principal Place of Business Mailing Address 6893 SW 18TH ST. PO BOX 4877 #201 DEERFIELD BEACH, FL 33442 BOCA RATON, FL 33433 02112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0656672 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FIRESTONE, DEBORAH E DO NOT WRITE 7910 TENNYSON CT. BOCA RATON, FL 33433 IN THIS SPACE 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 lamiliar 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 reinstaling) U000000305776 Filing Fee is \$50.00 Due by May 1, 2005 04/14/05-80097-016 50.00 9. MANAGING MEMBERS/MANAGERS MGR TITLE EPSTEIN, JOANNE NAME STREET ADDRESS 8950 WESTPARK DR., #312 CiTY-ST-7IP HOUSTON, TX 77063 TITLE NAME STREET ADDRESS C!TY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST+7IP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED