

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001697

FILED
May 02, 2007
Secretary of State

Entity Name: SUNRISE PROPERTIES & INVESTMENTS #13, L.L.C.

Current Principal Place of Business:

888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-0917991 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:

Name and Address of New Registered Agent:

FORMAN, M. AUSTIN
888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE, FL 33316 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: FORMAN, M. AUSTIN
Address: 888 SE THIRD AVENUE, STE 501
City-St-Zip: FT LAUDERDALE, FL 33316

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

Title: MGRM () Delete
Name: BLACKTHORN PARTNERS,, LTD.
Address: 4300 N UNIVERSITY DRIVE, SUITE D-103
City-St-Zip: LAUDERHILL, FL 33351

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: M AUSTIN FORMAN

D

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date