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Secretary of State
07-11-2007 90012 027 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000002596

1. Entity Name
13 ASSOCIATES LLC

60052274

Principal Place of Business	Mailing Address
211 BROADWAY, STE. 302 207 LYNBROOK, NY 11563	211 BROADWAY, STE. 302 207 LYNBROOK, NY 11563

07052007No Chg-LLC CR2E083 (11/05)

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4. FEI Number
11-3546536

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~UCC FILING & SEARCH SERVICES~~, INC
~~1574 VILLAGE SQUARE BLVD~~
~~SUITE 100~~
~~TALLAHASSEE, FL 32309~~
LOUIS WIENER
1095 CORNWALL E
Boca Raton FL 33434

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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: _____ _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WIENER, LOUIS
STREET ADDRESS	~~2810 S. KEY DR.~~ 1095 CORNWALL E
CITY-ST-ZIP	~~BOCA RATON, FL 33498~~ Boca Raton FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7/5/07 516-599-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #