2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000000787 TP THIRTEEN LLC

Principal Place of Business

401 S DUPONT HIGHWAY GEORGETOWN, DE 19947 Mailing Address

401 S DUPONT HIGHWAY GEORGETOWN, DE 19947

FILED Mar 06, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPES OR PRINTED MAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number			Applied For	
20-2850784				Not Applicable
5. Certificate of Status Desired			\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE: N

DO NOT WRITE IN THIS SPACE

2/26/02

302-855-7100

Daylime Phone #

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 reinstating)	DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2007	. 03	U00000658143 /15/07-80027-007 50.00		
9.	MANAGING MEMBERS/MANAGERS				
THLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TPRE LLC 401 S DUPONT HIGHWAY GEORGETOWN, DE 19947				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				
THLE NAML STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby indicated limited lia	certify that the information supplied with this filling does not on this report is true and accurate and that my signature so bility company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Florida S hall have the same legal effect as if made under oath; that I a scute this report as required by Chapter 608. Florida Statutes.	tatutes. I further certify that the information m a managing member or manager of the		