

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-22-2002 90238 030 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 526250
1. Entity Name
PRG FLORIDA XIII, INC.

DO NOT WRITE IN THIS SPACE

93662

2. Principal Place of Business 6005 RIVERWAY SUITE 400 HOUSTON, TX 77056		3. Mailing Address 6005 RIVERWAY SUITE 400 HOUSTON, TX 77056		4. FEI Number 591750727		Applied For <input type="checkbox"/> Not Applicable	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip	Country US	Zip	Country US				

DO NOT WRITE IN THIS SPACE

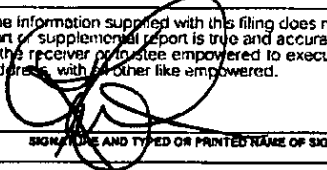
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent					
		Name NRAI SERVICES, INC.					
		Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE.					
		City TALLAHASSEE				FL	

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.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (N/A): Registered Agent signature required when re-appointing.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	-----------------------------

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YEARY, MICHAEL 5005 RIVERWAY DR, STE 400 HOUSTON TX 77056	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NICOLAOU, KAREN 5005 RIVERWAY DR, STE 400 HOUSTON TX 77056	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with or without other like empowered.
SIGNATURE:  KAREN NICOLAOU 4/23/02 713-625-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone