2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000017862

1. Entity Name
LUCKY TOP 1, LLC

Principal Place of Business	Mailing Address
13105 N.W. LEJEUNE ROAD	13105 N.W. LEJEUNE ROAD
OPA LOCKA, FL 33054	OPA LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE

01092006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
22-3834930	Not Applicable

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

6. Name and Address of Current Registered Agent

SEIF, EVAN D
2800 PONCE DE LEON BLVD., STE. 1125
MIAMI, FL 33134

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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 _____

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	HOLLAND, BRIAN	
STREET ADDRESS	13105 N.W. LEJEUNE ROAD	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	MGRM	
NAME	CHAPLIN, WAYNE	
STREET ADDRESS	13105 N.W. LEJEUNE ROAD	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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: _____   2/1/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #