


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**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**



01152008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 22-3834930	Applied For 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

**DO NOT WRITE IN THIS SPACE**

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)


**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

U00000817061  
 02/14/08-80078-010 138.75

**DO NOT WRITE IN THIS SPACE**

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:** 

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