


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000098330**

1. Entity Name  
**THE LUCKY COUPLE, LLC**



Principal Place of Business 225 SABINE DRIVE PENSACOLA, FL 32561 US	Mailing Address 225 SABINE DRIVE PENSACOLA, FL 32561 US
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**DO NOT WRITE IN THIS SPACE**



01062007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3686907</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, FRED H JR.  
 226 SABINE DRIVE  
 PENSACOLA, FL 32561

**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)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMMONS, FRED H JR. 226 SABINE DRIVE PENSACOLA, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMMONS, ANGELIKA U 226 SABINE DRIVE PENSACOLA, FL 32561
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 01/10/07-80075-010 50.00

**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 609, Florida Statutes.

**SIGNATURE: ANGELIKA UNZENS SIMMONS** *[Signature]* **1/6/07** **850-232 2232**

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