2004 LIMITED LIABILITY COMPANY

Feb 05, 2004 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # L00000008517 02-05-2004 90078 025 ****50.00 1. Entity Name LUCKY 55, LLC Principal Place of Business Mailing Address 13105 NW LEJEUNE ROAD 13105 NW LEJEUNE ROAD 24008101 OPA LOCKA, FL 33054 OPA LOCKA, FL 33054 01122004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1026690 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SEIF, EVAN D 2800 PONCE DE LEON BOULEVARD, SUITE 1125 MIAMI, FL 33134 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** 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, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE HOLLAND, BRIAN NAME STREET ADDRESS 13105 NW LEJEUNE ROAD CITY-ST-ZIP OPA LOCKA, FL 33054 MGR TITLE CHAPLIN, WAYNE E NAME STREET ADDRESS 13105 NW LEJEUNE ROAD OPA LOCKA, FL 33054 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO-NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustor empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and accurate a limited liability company or the receiver of true

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED TO MENTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED