2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008143

1. Entity Name
LUCKY 13 MOTEL, LLC

Principal Place of Business	Mailing Address
326 GREEN ACRES DR. DEFUNIAK SPRINGS, FL 32435	328 GREEN ACRES DR. DEFUNIAK SPRINGS, FL 32435

06302004 No Chg - LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0012553
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONTGOMERY, WAYNE
328 GREEN ACRES DR.
DEFUNIAK SPRINGS, FL 32435

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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 accep 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 September 8, 2004

U00000164674
07/09/04-80018-015 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WRIGHT, WILLIAM R
STREET ADDRESS	328 GREEN ACRES DR.
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	MGR
NAME	WRIGHT, ROGER H
STREET ADDRESS	3218 GREEN ACRES DR
CITY-ST-ZIP	DEFUNIME SPRINGS, FL 32435
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	

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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Wayne Montgomery 7/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #