

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000016434**

1. Entity Name  
**LUCKY STARS, LLC**



Principal Place of Business  
**8985 FONTANA DEL SOL WAY  
NAPLES, FL 34109 US**

Mailing Address  
**8985 FONTANA DEL SOL WAY  
NAPLES, FL 34109 US**



05012007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**46-0467695**

Applied For  
Not Applicable

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

**B. Name and Address of Current Registered Agent**

**PETELER, LISA  
8985 FONTANA DEL SOL WAY  
NAPLES, FL 34109**

**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 file if applicable (NOTE: Registered Agent signature required when retaking)

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PETELER, LISA
STREET ADDRESS	8985 FONTANA DEL SOL WAY
CITY-ST-ZIP	NAPLES, FL 34109
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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05/24/07-80062-007 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 808, Florida Statutes.

SIGNATURE: Date: **May 1, 07** Daytime Phone #: **239-254-7950**