

### 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 \_\_\_\_\_

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when retaking)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000759917  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*may 1/07*      *239-254-7950*