2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# L02000030238

Entity Name: LUCKY STAR L.L.C.

Current Principal Place of Business:

1855 SOUTH STATE ROAD 7
FORT LAUDERDALE, FL 33317

New Principal Place of Business:

4322 N STATE ROAD 7
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

531 LIVE OAK LANE
WESTON, FL 33327

New Mailing Address:

FEI Number: 83-0341169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALLACE, RICHARD A
531 LIVE OAK LANE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	WALLACE, RICHARD A	
Address:	531 LIVE OAK LANE	
City-St-Zip:	WESTON, FL 33327	
Title:	MGR	( ) Delete
Name:	WALLACE, VALERIE S	
Address:	531 LIVE OAK LANE	
City-St-Zip:	WESTON, FL 33327	
Title:	MGRM	( ) Delete
Name:	S. MANLEY WALLACE &, SONS LTD.	
Address:	P.O. BOX 7 NORMAN MANLEY BLVD	
City-St-Zip:	NEGRIL, WESTMORELAND, JA JAMAICA	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD WALLACE MGR 01/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date