2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 12, 2004 8:00 am Secretary of State

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DOCUMENT # L0300007063 1. Entity Name LUCKY LAND, LLC					07-12-2004 90131		
Principal Place of Business 2843 EXECUTIVE PARK DRIVE WESTON, FL 33331		Mailing Address 2843 EXECUTIVE PARK DRIVE WESTON, FL 33331		14025256			
	4 <u>1</u>						
2. Principal Place of Business		3. Mailing Address					
Suite, Apt.	Į	Suite, Apt. #, etc.		07062004	Chg-LLC CR2	E083 (10/03)	
City & State		City & State		4. FEI Number 57 - 2	×449032	No	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate o	f Status Desired	\$5.00 Add Fee Require	litional d
	6. Name and Address of Current	Registered Agent		7. Name and A	Address of New Register		
1 E/W 901	ICE :		Name		i		
LEVY, BRUCE 2843 EXECUTIVE PARK DRIVE		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
WESTON					Gran I ale		<u> </u>
	1	· ·	City			Zip Code	
8. The above	named entity submits this statement for	the nurpose of changing its	registered office or regist	tered agent, or both		<u> </u>	and accept
11the obligat	ions of registered agent	A CONTRACTOR OF THE			**		
CICALATIUDE							
SIGNATURE .	A CONTRACTOR OF THE CONTRACTOR	LON M. Parkle	1 			-	
2 L "0050	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature requi		· DA1	E	
Total Fil	Signature, typed or printed name of registered agent a signature and typed or printed name of registered agent a signature and typed or printed name of registered agent a signature and typed or printed name of registered agent a signature and typed or printed name of registered agent a signature and typed or printed name of registered agent a signature and typed or printed name of registered agent and typed	and title if applicable. (NOTE	: E: Registered Agent signature requi		Make chec	k payable to	
Due t	ing Fee is \$50.00 by September 8, 2004 MANAGING MEMBE		Registered Agent signature requi		Make chec	k payable to tment of State	`
Fill Due t	ing Fee is \$50.00 by September 8, 2004 MANAGING MEMBE		10.		Make chec Florida Depai	k payable to tment of State	Addition
FII Due t	ing Fee is \$50.00 by September 8, 2004 MANAGING MEMBE	RS/MANAGERS	10.		Make chec Florida Depai	k payable to tment of State	``
FII Due t TITLE NAME	ing Fee is \$50.00 by September 8, 2004 MANAGING MEMBE MGRM LEVY, BRUCE	RS/MANAGERS	10. TITLE NAME		Make chec Florida Depai	k payable to tment of State	``
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ing Fee is \$50.00 by September 8, 2004 MANAGING MEMBE MGRM LEVY, BRUCE 2843 EXECUTIVE PARK DRIVE	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Make chec Florida Depai	k payable to tment of State	``
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I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the informatic indicated on this report is true and appurate 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:
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/7/04 Date

954-385-6766