

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State


04-12-2005 90022 027 ****50.00

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DOCUMENT # L03000014451

1. Entity Name
LUCKY-ONE, LLC



Principal Place of Business
**2701 W. BUSCH BOULEVARD
 SUITE 118
 TAMPA, FL 33618**

Mailing Address
**2701 W. BUSCH BOULEVARD
 SUITE 118
 TAMPA, FL 33618**

2. Principal Place of Business
2701 W. Busch Blvd. 104-A
 Suite, Apt. #, etc.
104-A
 City & State
Tampa, FL 33618

3. Mailing Address
2701 W. Busch Blvd.
 Suite, Apt. #, etc.
104-A
 City & State
Tampa, FL 33618

4. FEI Number
27-0055862

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

Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
**SCHIFINO, WILLIAM J JR.
 201 N. FRANKLIN STREET, SUITE 2600
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIUNTA, SUZAN E 2701 W. BUSCH BOULEVARD, SUITE 118 TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Suzan E. Giunta 2701 W. Busch Blvd., Ste 104-A Tampa, FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Suzan Giunta* **4/7/05** 1813915-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #