

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90059 020 ****50.00



DOCUMENT # L03000014451

1. Entity Name
LUCKY-ONE, LLC

Principal Place of Business 2701 W. BUSCH BOULEVARD 104-A TAMPA, FL 33618	Mailing Address 2701 W. BUSCH BOULEVARD 104-A TAMPA, FL 33618
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2. Principal Place of Business - No P.O. Box # 1111 N. Westshore Blvd.	3. Mailing Address 1111 N. Westshore Blvd.
Suite, Apt. #, etc. Suite 207	Suite, Apt. #, etc. Suite 207
City & State Tampa, FL	City & State Tampa, FL



01082007 Chg-LLC CR2E083 (12/06)

Zip 33608	Country	Zip 33607	Country
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4. FEI Number 27-0055862	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHIFINO, WILLIAM J JR. 201 N. FRANKLIN STREET, SUITE 2600 TAMPA, FL 33602	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	NAME GIUNTA, SUZAN E	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2701 W. BUSCH BLVD., STE 104-A	CITY-ST-ZIP TAMPA, FL 33618	STREET ADDRESS 1111 N. Westshore Blvd., Suite 207	CITY-ST-ZIP Tampa, FL 33607
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 608, Florida Statutes.

SIGNATURE: *Suzan E. Giunta* **Date:** *1/8/2007* **Daytime Phone #:** *(813) 282-9191*