

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90079 032 \*\*\*\*50.00

DOCUMENT # L04000014849			
1. Entity Name LUCKY MEME II, LLC		Principal Place of Business 701 BRICKELL AVENUE, SUITE 3000 C/O CHRISTOPHER BOYETT MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 800 Village Square		Mailing Address 701 BRICKELL AVENUE, SUITE 3000 C/O CHRISTOPHER BOYETT MIAMI, FL 33131	
Suite, Apt. #, etc. Crossing, Suite 106		Suite, Apt. #, etc.	
City & State Palm Beach Gardens, FL		City & State	
Zip 33410	Country USA	Zip	Country
6. Name and Address of Current Registered Agent FLORIDA INTRASTATE REGISTERED AGENT CORP 701 BRICKELL AVENUE, SUITE 3000 C/O HOLLAND & KNIGHT MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OSHER, BONNIE TRUSTEE 144 BEARS CLUB DRIVE JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Bonnie Osher, as Trustee 800 Village Square Crossing, #106 Palm Beach, Florida 33410 <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
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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 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: <u>Bonnie Osher Trustee</u>		Date: <u>3-29-07</u> Daytime Phone #: <u>216-536-1034</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

