2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 14, 2008 08:00 AM **DOCUMENT # L04000028859 Secretary of State** 1. Entity Name LUCKY LINESIDERS, LLC Principal Place of Business Mailing Address 19031 MCGRATH CIR. 19031 MCGRATH CIR. PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948 01102008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1008069 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, ROGER HIII DO NOT WRITE 99 NESBIT STREET PUNTA GORDA, FL 33950 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. nn e M SIFRIT, ROBERT H NAME STREET ADDRESS 29221 MARIS DRIVE CITY-ST-ZIP PUNTA GORDA, FL 33982 TITLE 000000783252 01/16/08-80006-024 138.75 SIFRIT, ROBERT C STREET ADDRESS 19031 MCGRATH CIRCLE PORT CHARLOTTE, FL 33948 CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP AITIT

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 timited liability company or the society of this tended to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert C. Sifrit

STREET ADDRESS CITY-S1-ZIP

Jan. H. 2008

941-661-4723

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