2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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ANNOAL REPORT						
DOCUMENT # L04000055945 t. Entity Name LUCKY ENOUGH, LLC				Secretary of S	State	
13506 4TH	ce of Business AVE NE I, FL 34212 US	Mailing Address 13506 4TH AVE NE BRADENTON, FL 3421	2 US			
E	O NOT WRI	TE IN THIS S	PACE	01062006 No Chg-LLC	(05) Applied For	
				57-1209202	Not Applicable Additional	
				5. Certificate of Status Desired 55.00 Fee Reg		
}	6. Name and Address of Co	urrent Registered Agent				
PEPKA, RONALD G 13506 4TH AVE NE BRADENTON, FL 34212				DO NOT WRITE IN THIS SPACE		
s. The above the obligat	r remed smity submits this stater tions of registered agent. Signature, upped or printed name of register.	·	egistered office or registe Registered Agent signature require	ered agent, or both, in the State of Florida I am familiar verse agent, or both, in the State of Florida I am familiar verse agent.	with, and ac <u>c</u> ap	
F	iling Fee is \$59.00 ue by May 1, 2008					
8.	MANAGING N	MEMBERS/MANAGERS		1110100478428	FO OO	
TITLE	MGRM			04/08/06-80005-013	SU.UU	
NAME	PEPKA, RONALD G		į į			
STREET ADDRESS	13506 4TH AVE NE			•		
CITY-ST-ZIP	BRADENTON, FL 34212					
TITLE	MGRM		1			
NAME STREET ADDRESS	PEPKA, CATHERINE A 13508 4TH AVE NE	_	i			
CITY-ST-ZIP	BRADENTON, FL 34212		· · · · · · · · · · · · · · · · · · ·		•	
TITLE	MGRM					
NAME	WALSHAW, DAVID M		1			
STREET ADDRESS	10000 0110 7170 110		1	DO NOT WRITE		
CITY-ST-ZIP	BRADENTON, FL 34212					
TITLE NAME	MGRM EDELMAN, SHARON L	<u>.</u>	ì	IN THIS SPACE		
STREET ADDRESS	EDELMAN, SHARON L 13605 3RD AVE NE			· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	BRADENTON, FL 34212	-	1			
TITLE		_ 		-		
NAME	{		i i			
STREET ADDRESS	}		3			

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions pontained 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 fimited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME STREET ADDRESS City-S7-Zip

SIGNATURE: LOTHORNIC CA PLANTED REPRESENTATIVE MAINSCHING MEMBER, OR AUTHORIZED REPRESENTATIVE

PEPKA

CATHERINE A

3/14/06

941-708-6005

Daytime Phone #