## 2007 LIMITED LIABULITY COMPANY ANNUAL F PORT

## May 17, 2007 08:00 AM Secretary of State DOCUMENT # L04000091196 1. Entity Name LUCKY MUTT, LLC Principal Place of Business Mailing Address P.O. BOX 401 P.O. BOX 401 YANKEETOWN, FL 34498 YANKEETOWN, FL 34498 02122007 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2173502 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STERN, ROBERT DO NOT WRITE 3991 SOUTHEAST 193 PLACE YANKEETOWN, FL 34498 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE KEIM, MICHAEL J NAME STREET ADDRESS **PO BOX 401** CITY-ST-ZIP YANKEETOWN, FL 34498 TITLE MGRM STERN, ROBERT NAME STREET ADDRESS PO BOX 401 CITY-ST-ZIP YANKEETOWN, FL 34498 TITLE 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-7IP TITLE NAME STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

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