2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # L05000025391 Apr 28, 2006 08:00 AN 1. Entity Name **Secretary of State** LUCKY START REALTY, LLC Principal Place of Business Mailing Address 12515 N. KENDALL DR, STE 328 12515 N. KENDALL DR, STE 328 MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 35-2249862 Not Applicat Zip Country Country Zιρ \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALESTENA, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 12515 N. KENDALL DR, STE 328 MIAMI FL 33186 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 Signature: typesa or priviled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) 000000541712 FILE NOW!!! FEE IS \$50.00 05/10/06-80070-012 50.00 Make Check Payable to Florida Department of State Due By May 1, 2006. MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete THE Change Addition FERNANDEZ, JORGE NAME NAME STREET ADDRESS STREET ADDRESS 12515 N. KENDALL DR, STE 328 CITY-SI-ZIP MIAMI FL 33186 CITY-ST-ZIP HILE ☐ Delete TITLE Change ☐ Additio MANAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deletc HILL TITLE Change Addisin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE HILE ☐ Change ☐ Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE □ Delete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 PRINCED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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