

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000076753

1. Entity Name
LUCKY 4 ENTERPRISES, LLC



Principal Place of Business
2580 SW 106 TERRACE
DAVIE, FL 33324 US

Mailing Address
2580 SW 106 TERRACE
DAVIE, FL 33324 US



02272007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

RUDOLPH, JAY R
2580 SW 106 TERRACE
DAVIE, FL 33324

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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)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM	RUDOLPH, JAY R
NAME	2580 SW 106 TERRACE
STREET ADDRESS	DAVIE, FL 33324
CITY-ST-ZIP	
TITLE MGR	RUDOLPH, THERESA
NAME	2580 SW 106 TERRACE
STREET ADDRESS	DAVIE, FL 33324
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/03/07-80021-008 55.00

DO NOT WRITE IN THIS SPACE

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: _____

Jay R. Rudolph **JAY R. RUDOLPH**

3/15/07

(954) 476-0052

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

Date

Daytime Phone #