

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90022 034 ****50.00

DOCUMENT # L05000081271

1. Entity Name*

LUCKY START 136 STREET COMMERCIAL, LLC



Principal Place of Business

12515 NORTH KENDALL DRIVE
SUITE 328
MIAMI FL 33186

Mailing Address

12515 NORTH KENDALL DRIVE
SUITE 328
MIAMI FL 33186



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-3360597

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, JORGE
12515 NORTH KENDALL DRIVE
SUITE 328
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, types or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ABAL INVESTMENTS CORPORATION
STREET ADDRESS 12515 NORTH KENDALL DRIVE, SUITE 328
CITY-ST-ZIP MIAMI FL 33186

TITLE MGRM ☐ Delete
NAME FERBEN INVESTMENTS, INC.
STREET ADDRESS 12515 NORTH KENDALL DRIVE, SUITE 328
CITY-ST-ZIP MIAMI FL 33186

TITLE MGRM ☐ Delete
NAME VEN-AMERICA TRADERS, INC.
STREET ADDRESS 12515 NORTH KENDALL DRIVE, SUITE 328
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

05/04/06

Date

Daytime Phone #