2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 01, 2008 8:00 am Secretary of State DOCUMENT # L05000081271 05-01-2008 90026 015 ***138.75 LUCKY START 136 STREET COMMERCIAL, LLC Principal Place of Business Mailing Address 60037062 12515 NORTH KENDALL DRIVE 12515 NORTH KENDALL DRIVE **SUITE 328** SUITE 328 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14261 SW 120TH STREET 14261 SW 120TH STREET 04012008 Chg-LLC CR2E083 (12/06) **SUITE# 113 SUITE#113** 4. FEI Number Applied For MIAMI, FL 33186 MIAMI, FL 33186 20-3360597 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, JORGE 12515 NORTH KENDALL DRIVE 14261 SW 120 ST, STE 113 **SUITE 328** MIAMI, FL 33186 Miami, FL 33186 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE ☐ Delete TIT) F 14261 SW 120 ST, STE 113 ABAL INVESTMENTS CORPORATION NAME NAME Miami, FL 33186 STREET ADDRESS 12515 NORTH KENDALL DRIVE, SUITE 328 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TITLE MGRM Delete TITLE 14261 SW 120 ST, STE 113 NAME FERBEN INVESTMENTS, INC. Miami, FL 33186 STREET ADDRESS 12515 NORTH KENDALL DRIVE, SUITE 328 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP MGRM Delete TITL F TITLE 14261 SW 120 ST, STE 113 VEN-AMERICA TRADERS, INC. NAME NAME Miami, FL 33186 STREET ADDRESS 12515 NORTH KENDALL DRIVE, SUITE 328 STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 305 5980053. SIGNATURE: NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone

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