


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90026 010 ***138.75

DOCUMENT # L05000085874
 1. Entity Name
LUCKY START EXECUTIVE PLAZA, LLC



Principal Place of Business Mailing Address
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**
Suite # 113 **Suite # 113**
Miami, FL 33186 **Miami, FL 33186**

1st MOORE CR2E083 (10/07)

4. FEI Number Applied For
20-3430516 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
LUCKY START AT KENDALLAND, LLC
12515 NORTH KENDALL DRIVE
SUITE 328
MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name
14261 SW 120 ST, STE 113
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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE : NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCKY START AT KENDALLAND, LLC 12515 NORTH KENDALL DRIVE, SUITE 328 MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	14261 SW 120 ST, STE 113 Miami, FL 33186	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **04/1/08** **305 598 0053**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #