

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085874

FILED
May 05, 2009
Secretary of State

Entity Name: LUCKY START EXECUTIVE PLAZA, LLC

Current Principal Place of Business:

14261 SW 120TH ST STE 113
MIAMI, FL 33186

New Principal Place of Business:

8785 SW 165 AVE STE 301
MIAMI, FL 33193

Current Mailing Address:

14261 SW 120TH ST STE 113
MIAMI, FL 33186

New Mailing Address:

8785 SW 165 AVE STE 301
MIAMI, FL 33193

FEI Number: 20-3430516 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LUCKY START AT KENDALLAND, LLC
14261SW 120 ST STE 113
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

LUCKY START AT KENDALLAND, LLC
8785 SW 165 AVE STE 301
MIAMI, FL 33193 US

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.

SIGNATURE: _____

05/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUCKY START AT KENDALLAND, LLC
Address: 14261 SW 120 ST STE 113
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUCKY START AT KENDALLAND, LLC
Address: 8785 SW 165 AVE STE 301
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JORGE FERNANDEZ

MGRM

05/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date