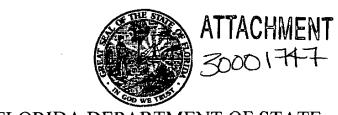
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 06, 2006 8:00 am **Secretary of State DOCUMENT # L05000093236** 1. Entity Name 02-06-2006 90177 030 ****50.00 LUCKY 14, LLC Principal Place of Business Mailing Address 1313 EAST LAS OLAS BLVD. FT. LAUDERDALE FL 33301 1313 EAST LAS OLAS BLVD. FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Numuer Applied For 20 44 00046 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOLTIN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1313 EAST LAS OLAS BLVD. FT. LAUDERDALE FL 33301 City 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, typoid or invited name of regretered against and late it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10 TITLE Resident TIT1 F ☐ Delete ☐ Change Addition NAME BERT WOLT'M NAME .LAS OCAS BLVd. STREET ADDRESS STREET ADORESS CITY-ST-7P CITY-ST-ZIP Oelete HILE DDF Change L KARMIN ■ Addition NAME 3 E. LASOLAS Blod. NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP FIDRIDA 33301 CITY-ST-ZIP DITE Detete ☐ Channe ☐ Addition NAME NAUF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP nne Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Cary-St-702 CITY-ST-71P Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered to execute this report as required by Chapter 608, Florida Statutes. 954 557-4758 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGUNG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2006

LUCKY 14, LLC 1313 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301

Subject: LUCKY 14, LLC

Reference Number:

L05000093236

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

The annual report/uniform business report must be signed by a managing member, manager-or-an-authorized-representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.