


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2008 90026 017 ***138.75

DOCUMENT # L05000095309	
1. Entity Name LUCKY START 136 STREET COMMERCIAL HOLDINGS, 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
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60037060



2. Principal Place of Business - No P.O. Box # 14261 SW 120TH STREET SUITE# 113 MIAMI, FL 33186	3. Mailing Address 14261 SW 120TH STREET SUITE# 113 MIAMI, FL 33186
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04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3551598	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 14261 SW 120 ST, STE 113 Miami, FL 33186
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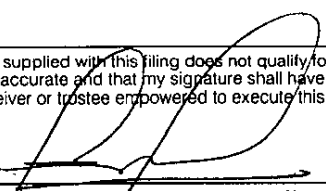
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABAL INVESTMENTS CORPORATION 12515 NORTH KENDALL DRIVE, SUITE 328 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14261 SW 120 ST, STE 113 Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERBEN INVESTMENTS, INC. 12515 NORTH KENDALL DRIVE, SUITE 328 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14261 SW 120 ST, STE 113 Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VEN-AMERICA TRADERS, INC. 12515 NORTH KENDALL DRIVE, SUITE 328 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14261 SW 120 ST, STE 113 Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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.

SIGNATURE: 	Date: 4/11/08	Daytime Phone #: 305/6980013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		