


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000098330 1. Entity Name THE LUCKY COUPLE, LLC	
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Principal Place of Business 225 SABINE DRIVE PENSACOLA, FL 32561 US	Mailing Address 225 SABINE DRIVE PENSACOLA, FL 32561 US
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3686907	Applied For 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 SIMMONS, FRED H JR. 226 SABINE DRIVE PENSACOLA, FL 32561

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIMMONS, FRED H JR. 226 SABINE DRIVE PENSACOLA, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIMMONS, ANGELIKA U 226 SABINE DRIVE PENSACOLA, FL 32561
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02/18/08-80040-017 138.75

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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:  ANGELIKA LINZENS-SIMMONS	Date 1/15/08
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	