

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 14, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L05000116405**

1. Entity Name  
**LUCKYBUG ENTERTAINMENT, LLC**



Principal Place of Business

**398 SE MIZNER BLVD  
SUITE 1917  
BOCA RATON, FL 33432**

Mailing Address

**398 SE MIZNER BLVD  
SUITE 1917  
BOCA RATON, FL 33432**



02162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3901215</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NATIONAL REGISTERED AGENTS INC  
2731 EXECUTIVE PARK DR., STE. 4  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>RESHEFSKY, RONALD</b>
STREET ADDRESS	<b>3651 FAU BLVD., STE. 300</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>

TITLE	<b>MGRM</b>
NAME	<b>RESHEFSKY, REBECCA</b>
STREET ADDRESS	<b>398 SE MIZNER BLVD #1917</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>

TITLE	
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03/23/07-80063-012 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/23/06

Date

561-2846869

Daytime Phone #