
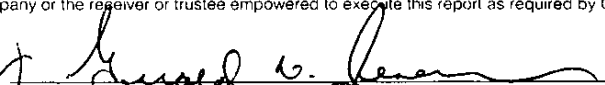


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90113 035 ****50.00

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # L06000041084 | | | |  | |
| 1. Entity Name LUCKY 3 AUCTION LLC | | | | | |
| Principal Place of Business 14 BORDE AQUA DR EDGEWATER, FL 32132 | | | Mailing Address 14 BORDE AQUA DR EDGEWATER, FL 32132 | | |
| 2. Principal Place of Business - No P.O. Box # 1008 W. INT'L Speedway | | 3. Mailing Address P.O. B. 291910 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Daytona Bch. FL | | City & State Pt Orange, FL | | 4. FEI Number 20-4726107 | |
| Zip 32114 | Country VOLUSIA | Zip 32129 | Country VOLUSIA | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JESSMER, GERALD R 14 BORDE AQUA DR EDGEWATER, FL 32132 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JESSMER, GERALD R 14 BORDE AQUA DR EDGEWATER, FL 32132 | <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"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: 1-15-07 | |
| SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) | | | | Daytime Phone # | |