

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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
Suite, Apt. #, etc.

3. Mailing Address
P.O.B. 291910

Suite, Apt. #, etc.

City & State
Daytona Beach, FL

City & State
P. O. Orange, FL

Zip
32114

Country
Volusia

Zip
32179

Country
Volusia

6. Name and Address of Current Registered Agent

JESSMER, GERALD R
14 BORDE AQUA DR
EDGEWATER, FL 32132

4. FEI Number
20-4726107

Applied For
Not Applicable

5. Certificate of Status Desired
 \$5.00 Additional
Fee Required

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

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

(NOTE Registered Agent signature required when restating)

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

MGRM
Jessmer, Gerald R.
→ 291910 P.O.B. P. O. Orange, FL 32179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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Delete

TITLE
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CITY-ST-ZIP

Change 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: *J. Gerald R. Jessmer*

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

X 1-15-07

Date

Daytime Phone #