2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-18-2007 90034 044 ****50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01212007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000093700

1. Entity Name
LUCCA PRATTA LLC

Principal Place of Business	Mailing Address
200 2ND AVE. SOUTH #409 ST. PETERSBURG, FL 33609	200 2ND AVE. SOUTH #409 ST. PETERSBURG, FL 33609

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLIVA, RALPH
4532 W. KENNEDY BLVD., SUITE 317
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
200- 2ND AVENUE S #409

City ST. PETERSBURG FL Zip Code 33701

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 Ralph Oliva - MANAGING MEMBER 4/15/2007
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☒ Delete	TITLE	☒ Change ☐ Addition
NAME	OLIVA, RALPH	NAME	
STREET ADDRESS	4532 W. KENNEDY BLVD., SUITE 317	STREET ADDRESS	200 - 2ND AVENUE S. #409
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	ST. PETERSBURG FLA 33701
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Ralph Oliva, Managing member. 4/15/2007