2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L06000095240

Entity Name: LUCKY 15 LLC

Current Principal Place of Business:

6035 FISCAL DR
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

6035 FISCAL DR
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 20-5621298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIGHTY, FRANK D
8816 HUNTSMAN LANE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	ROY, DAVID	
Address:	6035 FISCAL DR	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	MGR	( ) Delete
Name:	KANE, JOHN	
Address:	6035 FISCAL DR	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	MGR	( ) Delete
Name:	BARRY, THOMAS	
Address:	6035 FISCAL DR	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	MGR	(X) Delete
Name:	SHARP, DOUG	
Address:	6035 FISCAL DR	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	MGR	(X) Delete
Name:	PENNINO, MARK	
Address:	6035 FISCAL DR	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	MR	(X) Delete
Name:	MACVICAR, M SEAN	
Address:	6035 FISCAL DR	
City-St-Zip:	NEW PORT RICHEY, FL 34652	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	NASH, CLAY	
Address:	6035 FISCAL DR	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	MGR	(X) Change ( ) Addition
Name:	SMITH, TONY	
Address:	6035 FISCAL DR	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	MGR	(X) Change ( ) Addition
Name:	STONE, JOHN	
Address:	6035 FISCAL DR	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN STONE MGR 04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date