2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000098770

1. Entity Name
LUCKY S13 LLC

Principal Place of Business	Mailing Address
2623 LOOPRIDGE DRIVE	2623 LOOPRIDGE DRIVE
ORANGE PARK, FL 32065	ORANGE PARK, FL 32065

DO NOT WRITE IN THIS SPACE

01142008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-5697000	Not Applicable

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

6. Name and Address of Current Registered Agent

BORAWSKI, STANLEY R
2623 LOOPRIDGE DRIVE
ORANGE PARK, FL 32065

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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

H000000825619
02/21/08-80017-002 138.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BORAWSKI, STANLEY
STREET ADDRESS	2623 LOOPRIDGE DR
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	MGRM
NAME	BORAWSKI, SANDRA
STREET ADDRESS	2623 LOOPRIDGE DR
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Stanley R Borawski
Managing Member   1/28/08   904-269-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #