

**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

97 FEB -3 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE**  
**\$ 203.75**

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** L95000000909

POT LUCK LOUEY REALTY, I.C.  
~~2075 N.E. 191 STREET~~  
~~SUITE 822~~  
~~NORTH MIAMI BEACH FL 33180~~

1a. Principal Place of Business Address

~~2075 N.E. 191 STREET~~  
~~SUITE 822~~  
~~NORTH MIAMI BEACH FL 33180~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

~~C/O B. MILTENBERG~~  
~~3802 NE 207 ST~~  
Suite, Apt. #, etc.  
APT 1002

2a. Mailing Address

~~C/O B. MILTENBERG~~  
~~3802 NE 207 ST.~~  
Suite, Apt. #, etc.  
APT 1002

3. Date Organized or Qualified

11/27/1995

3a. State of Formation

FL

4. FEI Number

65-0626453

☐ Applied For

☐ Not Applicable

5. Date of Last Report

04/08/1996

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

AVENTURA FL

City & State

AVENTURA FL

Zip

33180

Country

USA

Zip

33180

Country

USA

7. Name and Address of Current Registered Agent

WALDMAN & FEIUREN, P.A.  
ONE FINANCIAL PLAZA  
SUITE 1500  
FORT LAUDERDALE FL 33394

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

~~400002079084-2~~  
~~-02/05/97-01036-014~~  
~~\*\*\*\*203.75 \*\*\*\*203.75~~  
Zip Code  
**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM MILTENBERG, BRUCE

~~2075 N.E. 191 STREET, SUITE 822 NORTH MIAMI BEACH FL~~  
3802 NE 207th Street Apt#1002, Aventura FL 33180

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (I), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

*Bruce Miltenberg*

1/29/97

205  
932-5175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #