

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L95000000909

1. Entity Name
POT LUCK LOUEY REALTY, L.C.



Principal Place of Business
**C/O B. MILTENBERG
3802 N.E. 207 STREET, APT. 1002
AVENTURA, FL 33180**

Mailing Address
**C/O B. MILTENBERG
3802 N.E. 207 STREET, APT. 1002
AVENTURA, FL 33180**



07132004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0626453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FELUREN, MARK S
2200 N. COMMERCE PARKWAY
SUITE 202
WESTON, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MILTENBERG, BRUCE
STREET ADDRESS	3802 N.W. 207TH STREET APT. #1002
CITY - ST - ZIP	AVENTURA, FL 33180

TITLE	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Bruce Miltenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/14/04
Date

305.937-5175
Daytime Phone #