

**2nd NOTICE:** Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



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

FILED

97 OCT 10 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee  
**\$ 588.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** L96000001200

LUCKY START AT GARDEN HILLS I, L.L.C.-  
12515 N. KENDALL DRIVE  
SUITE 328  
MIAMI FL 33186

1a. Principal Place of Business Address

12515 N. KENDALL DRIVE  
SUITE 328  
MIAMI FL 33186

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

11/14/1996

FL

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

BALESTENA, ANTONIO  
12515 N. KENDALL DRIVE  
SUITE 328  
MIAMI FL 33186

Name

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

Suite, Apt. #, etc.

City

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

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

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ABAL INVESTMENTS, INC.	12515 NORTH KENDALL DR., S	MIAMI FL
MGRM	FERBEN, INC.	12515 NORTH KENDALL DR., S	MIAMI FL

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-10/14/97--01058--014  
\*\*\*\*588.75 \*\*\*\*588.75


dec

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:

## 2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or  
After October 8, 1997. If Dissolved, Minimum Amount  
Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee <b>\$ 588.75</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company <b>LUCKY START AT GARDEN HILLS I, L.L.C.- 12515 N. KENDALL DRIVE SUITE 328 MIAMI FL 33186</b>				DOCUMENT # <b>L96000001200</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				1a. Principal Place of Business Address <b>12515 N. KENDALL DRIVE SUITE 328 MIAMI FL 33186</b>	
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country				3. Date Organized or Qualified <b>11/14/1996</b> 3a. State of Formation <b>FL</b> 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent <b>BALESTENA, ANTONIO 12515 N. KENDALL DRIVE SUITE 328 MIAMI FL 33186</b>				5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code					
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
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8000002320048--0 -10/14/97--01058--014 ****588.75 ****588.75 <i>dec</i>					

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 expedite 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: \_\_\_\_\_