2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A04000001197

1. Entity Name
FORTUNE WAREHOUSE REALTY, LLLP.

FILED
2005 MAY -2 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8383 BAYCENTER ROAD JACKSONVILLE, FL 32256	8383 BAYCENTER ROAD JACKSONVILLE, FL 32256

04042005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
10321 Fortune Parkway	10321 Fortune Parkway
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32256 Country: U.S.A.	Zip: 32256 Country: U.S.A.

4. FEI Number 20-1466469 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD. SUITE 1000 FT. LAUDERDALE, FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$1,000.00	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000052991	STREET ADDRESS	10321 Fortune Parkway
NAME	FORTUNE WAREHOUSE REALTY GP, LLC	CITY-ST-ZIP	Jacksonville, Florida 32256
STREET ADDRESS	8383 BAYCENTER ROAD		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE OPEN HERE

14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ DAVID HONIG 4/26/05 904.731.3034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #