## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # M06000002187

1. Entity Name
FORTUNE EQUITIES, LLC



FILED Jan 09, 2007 08:00 Al Secretary of State

Principal Place of Business

% BUCKINGHAM PROPERTIES 116 RADIO CIRCLE, SUITE 200 MOUNT KISCO, NY 10549 Mailing Address

% BUCKINGHAM PROPERTIES 116 RADIO CIRCLE, SUITE 200 MOUNT KISCO, NY 10549



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4659225

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RMC PROPERTY GROUP ATTN: KIMBERLY LAMB 1733 WEST FLETCHER AVENUE TAMPA, FL 33612

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|          |  | •  | •  |
|----------|--|--|--|
|          | ove named entity submits this statement for the purpose of characters of registered agent. | anging its registered office or registered agent, or both, in the  | State of Florida. I am familiar with, and accep  |
| SIGNATUR | E.   |  |  |
|          | Signature, typed or printed name of registered agent and title if applicable               | (NOTE: Registered Agent signature required when reinstating)   | DATE   |
| :-       | Filing Fee is \$50.00<br>Due by May 1, 2007  |  |  |
| 9.       | MANAGING MEMBERS/MANAGERS  | Ref. of the contract of the co |  |
| TITLE    | MGRM   |  | The state of the s |
| NAME     | FORTUNE COMMERCIAL MANAGEMENT, LLC   |  |  |

STREET ADDRESS | 116 RADIO CIRCLE, SUITE 200 MOUNT KISCO, NY 10549 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 precedence or tryple empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytima Phone