


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB '09 PM 1:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # A05000000117 1. Entity Name SBR-FORTUNE ASSOCIATES, LLLP	
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Principal Place of Business 1300 BRICKELL AVE. MIAMI, FL 33131	Mailing Address 1300 BRICKELL AVE. MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

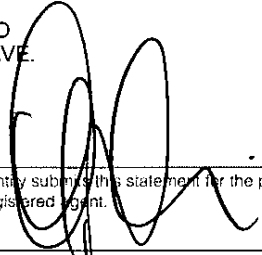


02042008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2348691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent IMERY, EDUARDO 1300 BRICKELL AVE. MIAMI, FL 33131	7. Name and Address of New Registered Agent Name: Olga De los Santos, Esq. Street Address (P.O. Box Number is Not Acceptable) 1300 Brickell Ave. City: Miami FL Zip Code: 33131
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8. The above named entry 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 **2-5-08**

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 #	L05000004062	STREET ADDRESS	
NAME	FORTUNE KB GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	1300 BRICKELL AVE.		
CITY-ST-ZIP	MIAMI, FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Date _____ Daytime Phone # _____

STAPLE CHECK HERE