


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000004772 1. Entity Name FORTUNE TITLE SERVICES, LLC	
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Principal Place of Business 1489 WEST PALMETTO PARK ROAD SUITE 497 BOCA RATON, FL 33486	Mailing Address 1489 WEST PALMETTO PARK ROAD SUITE 497 BOCA RATON, FL 33486
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03042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1003022	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BELKIN, MARNI B 1489 WEST PALMETTO PARK ROAD SUITE 497 BOCA RATON, FL 33486

**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 reinstating)

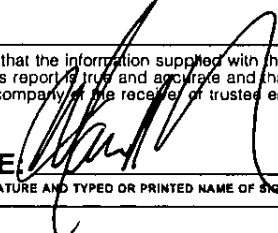
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000256806
03/28/08-80030-020 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELKIN, MARNI B 1489 WEST PALMETTO PARK ROAD SUITE 497 BOCA RATON, FL 33486
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IN THIS SPACE**

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 receiver or trustee 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

Daytime Phone #

3/11/08

361-750-8550