

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # L01000007421

1. Entity Name
FORTUNE 8, LLC



Principal Place of Business
**3670 COMMERCE CENTER DR.
SEBRING, FL 33870**

Mailing Address
**3670 COMMERCE CENTER DR.
SEBRING, FL 33870**



01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1101902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STANLEY, SCOTT
3670 COMMERCE CENTER DRIVE
SEBRING, FL 33870**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STANLEY, SCOTT
STREET ADDRESS	3670 COMMERCE CENTER DR
CITY-ST-ZIP	SEBRING, FL 33870

TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

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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 #

SCOTT STANLEY 1/9/08 863 385 8292