

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000021766

1. Entity Name

FORTUNE HOSPITALITY CONSULTING, LLC



Principal Place of Business

**185 S.E. 14TH TERRACE
MIAMI, FL 33131**

Mailing Address

**185 S.E. 14TH TERRACE
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



07212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

01-0558549

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PORTUOMDO, FERANDO J ESQ
2121 PONCE DE LEON BLVD. #600
CORAL GABLES, FL 33134**

**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

**Filing Fee is \$50.00
Due by September 8, 2004**

U00000159912
08/12/04-80003-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
VILLA, RAFAEL O
185 SE 14 TERR
MIAMI, FL 33131**

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 #

7/21/04 (305) 218-3137