

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013172

Entity Name: FORTUNE HOMES, LLC

FILED  
Apr 20, 2007  
Secretary of State

## Current Principal Place of Business:

1342 COLONIAL BLVD, D-27  
SANIBEL, FL 33957 US

## New Principal Place of Business:

1342 COLONIAL BLVD, D-27  
FORT MYERS, FL 33907 US

## Current Mailing Address:

1342 COLONIAL BLVD, D-27  
SANIBEL, FL 33957 US

## New Mailing Address:

1342 COLONIAL BLVD, D-27  
FORT MYERS, FL 33907 US

FEI Number: 01-0780523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLTER, KEN  
1342 COLONIAL BLVD  
D-27  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MOSNY, RUDOLF  
Address: P.O. BOX 1550  
City-St-Zip: SANIBEL, FL 33957

Title: S ( ) Delete  
Name: HENNING, RHONDA  
Address: 1342 COLONIAL BLVD D-27  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MOSNY, RUDOLF  
Address: 1342 COLONIAL BLVD D-27  
City-St-Zip: FORT MYERS, FL 33907

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUDOLF MOSNY

MGRM

04/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date