

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035151

Entity Name: FORTUNE PACIFIC, LLC

FILED  
Jan 25, 2004  
Secretary of State

## Current Principal Place of Business:

102 NE 2ND STREET, #235  
BOCA RATON, FL 33432

## New Principal Place of Business:

102 NE 2ND STREET  
#235  
BOCA RATON, FL 33432

## Current Mailing Address:

102 NE 2ND STREET, #235  
BOCA RATON, FL 33432

## New Mailing Address:

102 NE 2ND STREET  
#235  
BOCA RATON, FL 33432

FEI Number: 13-4266806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZIEGLER, THOMA K  
102 NE 2ND STREET, #235  
BOCA RATON, FL 33432

## Name and Address of New Registered Agent:

ZIEGLER, THOMAS K  
102 NE 2ND STREET  
#235  
BOCA RATON, FL 33432

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: THOMAS K. ZIEGLER

01/25/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: ZIEGLER, THOMAS K  
Address: 102 NE 2ND STREET, #235  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete  
Name: CHU, RAYMOND  
Address: 61-04 183 RD.  
City-St-Zip: FRESH MEADOWS, NY 11365

## ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), 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: THOMAS K. ZIEGLER

CEO

01/25/2004

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