

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000052991**

**1. Entity Name**  
FORTUNE WAREHOUSE REALTY GP, LLC



**Principal Place of Business**  
10321 FORTUNE PARKWAY, STE 400  
JACKSONVILLE, FL 32256

**Mailing Address**  
10321 FORTUNE PARKWAY, STE 400  
JACKSONVILLE, FL 32256



04252007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
26-5274770

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

BSPA CORPORATE SERVICES, INC.  
350 EAST LAS OLAS BLVD., STE. 1000  
FORT LAUDERDALE, FL 33301

**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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                       |                               |
|-----------------------|-------------------------------|
| <b>TITLE</b>          | <b>MGRM</b>                   |
| <b>NAME</b>           | <b>HONIG, DAVID</b>           |
| <b>STREET ADDRESS</b> | <b>10321 FORTUNE PARKWAY</b>  |
| <b>CITY-ST-ZIP</b>    | <b>JACKSONVILLE, FL 32256</b> |

|                       |  |
|-----------------------|--|
| <b>TITLE</b>          |  |
| <b>NAME</b>           |  |
| <b>STREET ADDRESS</b> |  |
| <b>CITY-ST-ZIP</b>    |  |

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| <b>NAME</b>           |  |
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| <b>CITY-ST-ZIP</b>    |  |

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05/11/07-80069-019 50.00

**DO NOT WRITE  
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 #**

4/25/07