

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # L04000065284

1. Entity Name  
FORTUNE GATE PROPERTY MANAGEMENT, LLC



Principal Place of Business  
8438 LAINIE LANE  
ORLANDO, FL 32818 US

Mailing Address  
8438 LAINIE LANE  
ORLANDO, FL 32818 US



03102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1570618

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WU, RONG-TSAI  
8438 LAINIE LANE  
ORLANDO, FL 32818

**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

03/20/06

**Filing Fee is \$50.00  
Due by May 1, 2006**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. MANAGING MEMBERS/MANAGERS

|                |                   |
|----------------|-------------------|
| FEI            | MGRM              |
| NAME           | WU, RONG-TSAI     |
| Street ADDRESS | 8438 LAINIE LANE  |
| CITY ST ZIP    | ORLANDO, FL 32818 |
| FEI            | MGRM              |
| NAME           | HUANG, CHIU-HSIA  |
| Street ADDRESS | 8438 LAINIE LANE  |
| CITY ST ZIP    | ORLANDO, FL 32818 |
| FEI            |                   |
| NAME           |                   |
| Street ADDRESS |                   |
| CITY ST ZIP    |                   |
| FEI            |                   |
| NAME           |                   |
| Street ADDRESS |                   |
| CITY ST ZIP    |                   |
| FEI            |                   |
| NAME           |                   |
| Street ADDRESS |                   |
| CITY ST ZIP    |                   |

000000477606  
04/06/06-80057-025 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:

03/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #