2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# L04000087241

Entity Name: C & S FORTUNE LLC

Current Principal Place of Business:

7512 DR. PHILLIPS BLVD., #50-203
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7512 DR. PHILLIPS BLVD., #50-203
ORLANDO, FL 32819

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BODE, SVEN
8761 THEESPLANADE #22
ORLANDO, FL 32836 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/MEMBERS:

Title: MGR ( ) Delete
Name: BODE, SVEN
Address: 8716 THE ESPLANADE #22., #50-203
City-St-Zip: ORLANDO, FL 32836

Title: MGR ( ) Delete
Name: BODE, CATHLEEN
Address: 8716 THE ESPLANADE #22
City-St-Zip: ORLANDO, FL 32836

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: SVEN BODE D 04/30/2005

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