4/28/

**FILED**
**May 29, 2008 8:00 am**
**Secretary of State**
04-28-2008 90028 034 ***138.75

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000018891

1. Entity Name
FORTUNE CENTER, LLC.

30068010

| Principal Place of Business | Mailing Address |
|---|---|
| 2320 HOLLYWOOD BLVD<br>HOLLYWOOD, FL 33020 US | 5130 N HILLS DR<br>HOLLYWOOD, FL 33021 US |

DO NOT WRITE IN THIS SPACE

04072008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-2392890
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, EYAL
5130 N HILLS DR
HOLLYWOOD, FL 33021

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

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | KONFORTI, JOSEPH |
| STREET ADDRESS | 5130 N HILLS DR |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 |
| TITLE | MGRM |
| NAME | LEVY, EYAL |
| STREET ADDRESS | 5130 N HILLS DR |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: _____ 04/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #