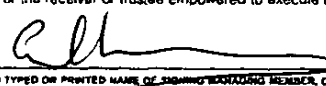


FILED
May 29, 2008 8:00 am
Secretary of State

4/28/

04-28-2008 90028 034 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000018891		
1. Entity Name FORTUNE CENTER, LLC.		
Principal Place of Business 2320 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 US	Mailing Address 5130 N HILLS DR HOLLYWOOD, FL 33021 US	30008010  04072008 No Chg-LLC CR2E083 (12/07)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 20-2392890		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable
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 its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Sign: Last, first or maiden name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KONFORTI, JOSEPH 5130 N HILLS DR HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, EYAL 5130 N HILLS DR HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u></u> 04/29/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		