

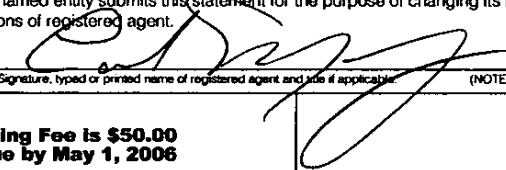
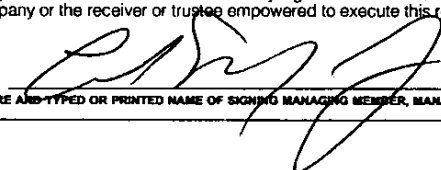


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90041 010 ****50.00

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # L05000029233 1. Entity Name FORTUNE INVESTMENT PROPERTIES, LLC | | | |  | |
| Principal Place of Business 4838 SAN PABLO PLACE TAMPA, FL 33602 | | | | Mailing Address 4838 SAN PABLO PLACE TAMPA, FL 33602 | |
| 2. Principal Place of Business 4128 SALTWATER BLVD Suite, Apt. #, etc. | | 3. Mailing Address 4128 SALTWATER BLVD Suite, Apt. #, etc. | |  | |
| City & State TAMPA, FL 33615 Zip Country 33615 USA | | City & State TAMPA, FL 33615 Zip Country 33615 USA | | 4. FEI Number 75-3186073 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 02062006 Chg-LLC CR2E083 (11/05) | |
| 6. Name and Address of Current Registered Agent CASTILLO, ENRIQUE R 4418 CARMEN STREET TAMPA, FL 33609 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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  | | | | DATE 4/10/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RODRIGUEZ, RENE R 4425 W NORTH A STREET TAMPA, FL 33609 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MENENDEZ, CARLOS 4838 SAN PABLO PLACE TAMPA, FL 33602 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ESPINOLA, DAVID M 2780 RIVERSIDE DRIVE NORTH TAMPA, FL 33602 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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:  | | | | DATE 4/10/06 Daytime Phone # 813-223-2727 | |