

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000029233

1. Entity Name  
FORTUNE INVESTMENT PROPERTIES, LLC



Principal Place of Business  
4128 SALTWATER BLVD  
TAMPA, FL 33615

Mailing Address  
4128 SALTWATER BLVD  
TAMPA, FL 33615

**FILED**  
**Mar 23, 2007 8:00 A.M.**  
**Secretary of State**



03022007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-3186073

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CASTILLO, ENRIQUE R  
4418 CARMEN STREET  
TAMPA, FL 33609

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

200095929302  
04/05/07--01061--001 \*\*\$17.50

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	RODRIGUEZ, RENE R
STREET ADDRESS	4425 W NORTH A STREET
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	MGRM
NAME	MENENDEZ, CARLOS
STREET ADDRESS	4838 SAN PABLO PLACE
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	ESPINOLA, DAVID M
STREET ADDRESS	2780 RIVERSIDE DRIVE NORTH
CITY-ST-ZIP	TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

3/6/07 817-223-2227

Date

Daytime Phone #