2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 09, 2008 08:00 Al Secretary of State **DOCUMENT # L05000048409** 1. Entity Name GOOD FORTUNE, LLC Principal Place of Business Mailing Address 4270 ALOMA AVENUE #108 4270 ALOMA AVENUE #108 WINTER PARK, FL 32792 WINTER PARK, FL 32792 04042008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3914934 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NG, WING K DO NOT WRITE **4270 ALOMA AVENUE #108** WINTER PARK, FL 32792 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000888474 94/22/08-89016-004 138.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NG, WING K NAME 4270 ALOMA AVENUE #108 STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 7) 71 E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME

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: ____

STREET ADDRESS CITY-ST-ZIP

D NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV

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(40) 673-33 %

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