

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110768

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** FORTUNE CAPITAL MANAGEMENT, LLC

**Current Principal Place of Business:**

7301 SW 57TH COURT, SUITE 560  
C/O GUTTENMACHER, BOHATCH  
MIAMI, FL 33143

**New Principal Place of Business:**

50 BISCAYNE BLVD  
UNIT 1806  
MIAMI, FL 33132

**Current Mailing Address:**

7301 SW 57TH COURT, SUITE 560  
C/O GUTTENMACHER, BOHATCH  
MIAMI, FL 33143

**New Mailing Address:**

50 BISCAYNE BLVD  
UNIT 1806  
MIAMI, FL 33132

**FEI Number:** 20-3808085

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

BOHATCH, JOHN S  
7301 SW 57TH COURT, SUITE 560  
C/O GUTTENMACHER, BOHATCH  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MARTINEZ, MARIA J  
Address: 7301 SW 57TH COURT, SUITE 560  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MARTINEZ, MARIA J  
Address: 50 BISCAYNE BLVD UNIT 1806  
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIA J MARTINEZ

MGR

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date