2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 09, 2007 8:00 am
Secretary of State
02-23-2007 90265 001 ***100.00

DOCUMENT # L06000056198

1. Entity Name

AGNI FORTUNE, LLC

Principal Place of Business	Mailing Address
7953 BAYSHORE DR. TREASURE ISLAND FL 33706	1314 CAPE CORAL PARKWAY, SUITE 207 CAPE CORAL FL 33904-9643

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2930 BEACH Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulfport FL	City & State
Zip: 33707-5518 Country: US	Zip / Country

4. FEI Number: 20-5017953 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAHAM, RONALD L 1314 CAPE CORAL PKWY., SUITE 207 CAPE CORAL FL 33904-9643	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR EICKERMANN, FRANK 7953 BAYSHORE DR. TREASURE ISLAND FL 33706	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KLENKE, GERY H 7953 BAYSHORE DR. TREASURE ISLAND FL 33706	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EICKERMANN, MARA 7953 BAYSHORE DR. TREASURE ISLAND FL 33706	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 4/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #