2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056198

Entity Name: AGNI FORTUNE, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2832 BEACH BLVD **GULFPORT, FL 337075548 US**

Current Mailing Address: New Mailing Address:

1314 CAPE CORAL PARKWAY 1314 CAPE CORAL PARKWAY SUITE 207 SUITE 207 CAPE CORAL, FL 339049643 CAPE CORAL, FL 339049643 US

FEI Number: 20-5017958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GRAHAM, RONALD L 1314 CAPE CORAL PARKWAY SUITE 207 CAPE CORAL, FL 339049643 US

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

City-St-Zip:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Change () Addition () Delete

EICKERMANN, FRANK Name: Name: Address: 2832 BEACH BLVD. S Address: City-St-Zip: **GULFPORT, FL 337075548 US**

Title: MGRM () Delete Title: () Change () Addition

Name: KLENKE, GERY H Name: Address: 5436 29TH STREET SOUTH Address: City-St-Zip: **GULFPORT, FL 337075548 US** City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

EICKERMANN, MARA Name: Name: Address: 2838 BEACH BLVD, S Address: City-St-Zip: GULFPORT, FL 337075548 US City-St-Zip:

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: FRANK EICKERMANN 04/30/2009