

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068569

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: FORTUNE INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

P.O. BOX 880038  
PORT ST. LUCIE, FL 349880038

**New Principal Place of Business:**

1304 SW BAYSHORE BLVD  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

P.O. BOX 880038  
PORT ST. LUCIE, FL 349880038

**New Mailing Address:**

FEI Number: 20-5633266      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BAYSHORE ASSOCIATION MANAGEMENT, INC.  
1304 BAYSHORE BLVD.  
PORT ST. LUCIE, FL 34983      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: MGRM ( ) Delete  
Name: MOUTOGIANNIS, LINDA  
Address: 1658 SW FORTUNE ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGRM ( ) Delete  
Name: WEBER, WILLIAM L  
Address: 559 NE CANOE PARK CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34983

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM L WEBER

MGRM

04/11/2007

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