

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002484

FILED  
Jul 15, 2008  
Secretary of State

Entity Name: FORTUNE FASHIONS INDUSTRIES LLC

**Current Principal Place of Business:**

4700 BOYLE AVENUE  
VERNON, CA 90058

**New Principal Place of Business:**

**Current Mailing Address:**

4700 BOYLE AVENUE  
VERNON, CA 90058

**New Mailing Address:**

FEI Number: 95-4859366      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ECKLES, GENE  
3700 COMMERCE BLVD.  
KISSIMMEE, FL 34741    US

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

ECKLES, GENE  
3600 COMMERCE BLVD.  
KISSIMMEE, FL 34741    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

07/15/2008

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KAYNE, FRED  
Address: 4700 SO. BOYLE AVE  
City-St-Zip: VERNON, CA

Title: MGR      ( ) Delete  
Name: ROSENBLATT, LEE  
Address: 4700 SO. BOYLE AVE  
City-St-Zip: VERNON, CA

**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 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: LEE ROSENBLATT

MGR

07/15/2008

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