


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90153 025 ****50.00

DOCUMENT # L02000015087

1. Entity Name
EMPIRE BUILDERS, LLC



Principal Place of Business: ~~125 NW 108TH WAY PLANTATION FL 33324 US~~

Mailing Address: ~~125 NW 108TH WAY PLANTATION FL 33324 US~~



1st MOORE CR2E083 (10/04)

2. Principal Place of Business: **333 Las Ojas Way #1209**

3. Mailing Address: **333 Las Ojas Way #1209**

City & State: **Fort Lauderdale, FL**

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Zip: **33301** Country: **USA**

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4. FEI Number: **36-4498850**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

~~LEVY, ROBIN D~~
~~125 NW 108TH WAY~~
~~PLANTATION FL 33324~~

7. Name and Address of New Registered Agent

Name: **STANLEY R. LEVY**

Street Address (P.O. Box Number is Not Acceptable): **333 LAS OJAS WAY #1209**

City: **Fort Lauderdale** FL Zip Code: **33301**

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: **1/10/05**

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAILEY, ANN MARIE 1036 124TH TERRACE SUNRISE FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASLE, GAYLOR 255 SE SPANISH TRAIL BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASLE, BARBARA 255 SE SPANISH TRAIL BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDY LEVY, ROTH IRA 125 NW 108TH WAY PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 Las Ojas Way - #1209 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, ROBIN D 125 NW 108TH WAY PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 Las Ojas Way - #1209 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **1/10/05** Daytime Phone #: **904-304-2500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE