


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90029 005 ****50.00

DOCUMENT # L02000015087	
1. Entity Name EMPIRE BUILDERS, LLC	

Principal Place of Business 333 LAS OLAS WAY #1209 FORT LAUDERDALE FL 33301 US	Mailing Address 333 LAS OLAS WAY #1209 FORT LAUDERDALE FL 33301 US
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2. Principal Place of Business - No. P.O. Box # 333 Las Olas Way Suite, Apt. #, etc. 3107	3. Mailing Address 333 Las Olas Way Suite, Apt. #, etc. 3107
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1st MOORE CR2E083 (10/06)

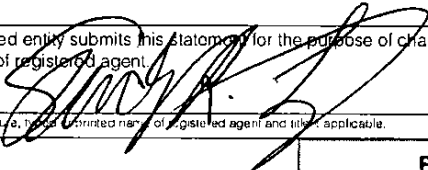
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL	4. FEI Number 36-4498850	Applied For <input type="checkbox"/> Not Applicable
Zip 33301	Country USA	Zip 33301	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVY, SANDY R 333 LAS OLAS WAY #1209 FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 333 Las Olas Way #3107 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: 1/27/07

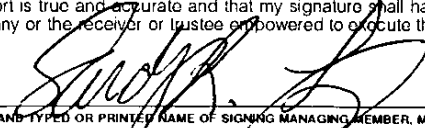
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAILEY, ANN MARIE 1101 NW 122ND AVE. FORT LAUDERDALE FL 33323 <input type="checkbox"/> Delete
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	MGRM KASLE, BARBARA 255 SE SPANISH TRAIL BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANDY LEVY, ROTH IRA 333 LAS OLAS WAY, #1209 FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEVY, ROBIN D 333 LAS OLAS WAY, #1209 FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5430 Poppertree Drive Fort Myers, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 Las Olas Way - #3107 Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 Las Olas Way - #3107 Fort Lauderdale, FL 33301
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 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:  DATE: 1/27/07 DAYTIME PHONE #: 954-304-2500

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