

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90056 020 ***150.00

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**

20019881



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4498850**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
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, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | DAILEY, ANN MARIE | |
| STREET ADDRESS | 1036 124TH TERRACE | |
| CITY-ST-ZIP | SUNRISE FL 33323 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | KASLE, GAYLOR | |
| STREET ADDRESS | 255 SE SPANISH TRAIL | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | KASLE, BARBARA | |
| STREET ADDRESS | 255 SE SPANISH TRAIL | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | SANDY LEVY, ROTH IRA | |
| STREET ADDRESS | 125 NW 108TH WAY | |
| CITY-ST-ZIP | PLANTATION FL 33324 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | LEVY, ROBIN D | |
| STREET ADDRESS | 125 NW 108TH WAY | |
| CITY-ST-ZIP | PLANTATION FL 33324 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/21/03 954-304-2500
Date Daytime Phone #

CR2E083 (10/02)