


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90150 011 \*\*\*\*50.00

<b>DOCUMENT # L05000114420</b>			
1. Entity Name ROYAL EMPIRE, LLC			
Principal Place of Business THE COLONNADE SUITE 302 2333 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		Mailing Address THE COLONNADE SUITE 302 2333 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	
2. Principal Place of Business 1853 West Avenue Suite, Apt. #, etc.		3. Mailing Address 1853 West Avenue Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139	Country USA	Zip 33139	Country USA
6. Name and Address of Current Registered Agent GONZALEZ & ASSOCIATES, P.A. THE COLONNADE SUITE 302 2333 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: Joseph Elbaz Street Address (P.O. Box Number is Not Acceptable): 1853 West Avenue City: Miami Beach, FL Zip Code: 33139	
4. FEI Number: 20-3859444 Applied For: Not Applicable			
5. Certificate of Status Desired: <input type="checkbox"/> \$5.00 Additional Fee Required			
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: <i>Joseph Elbaz</i> DATE: 2/28/06			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: ELBAZ, ALBERT STREET ADDRESS: 2333 PONCE DE LEON BLVD. CITY-ST-ZIP: CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE: MGR NAME: Joseph Elbaz STREET ADDRESS: 1853 West Avenue CITY-ST-ZIP: Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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 exemptions contained in Chapter 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: <i>Joseph Elbaz</i>		DATE: 2/7/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 305-531-9563	

30001585



02032006 Chg-LLC CR2E083 (11/05)