


**2004 LIMITED LIABILITY COMPANY...  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000032289</b> 1. Entity Name EMPIRE ESTATES, LLC	
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Principal Place of Business 4695 OAK HOLLOW DRIVE SARASOTA, FL 34241	Mailing Address 4695 OAK HOLLOW DRIVE SARASOTA, FL 34241
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**DO NOT WRITE IN THIS SPACE**



03162004No Chg-LLC      CR2E083 (10/03)

4. FEI Number 82-0582130	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

SOLIN, ESTHER F  
4695 OAK HOLLOW DRIVE  
SARASOTA, FL 34241

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLIN, ESTHER 4695 OAK HOLLOW DRIVE SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIXEL, GARY 1440 BOSTON POST ROAD LARCHMONT, NY 10538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 605, Florida Statutes.

**SIGNATURE:** *Esther F. Solin*      \_\_\_\_\_      \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #