2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 25, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State	
DOCUMENT # L0000008369 1. Entity Name				Seci	etary of State
EMPÍRE :	SOUTH FLORIDA PROF	PERTIES, LLC			
	e of Business RED APPLE LANE 33458	Mailing Address 18856 S.E. RED APPLE LANE JUPITER, FL 33458		1 (MAINETT MIN MAINT BESTY MAINT MAINT AND IN AND	SYIN BUSINKI IBIDAN (YYIN BUSIN IBIDAN 114 YUBI
DO NOT WRITE IN THIS SPA				02222005No Chg-LLC	CR2E083 (10/03)
				4. FEI Number 65-1024229	Applied For Not Applicable
				5. Certificate of Status Desired	S5.00 Additional Fee Required
	5. Name and Address of Curi	ent Registered Agent			
CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736			_	DO NOT WE	
IAMPA, F	L 33607-5 <u>7</u> 36	-		11 11110 O. 7	
	named entity submits this stateme flons of registered agent.	nt for the purpose of changing its registere	I ad office or register	ed agent, or both, in the State of Florid	a. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered	agent and falle if applicable (NOTE Registere	d Agent signature required	(Ontatalian certw.	DATE
F)	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING ME	MBERS/MANAGERS		The state of the s	
TITLE NAME STREET ADDRESS CITY - ST- ZIP	MGRM PAUL, ERIC M 18856 SE RED APPLE LANE				3785 1057-001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUPITER, FL 33458 MGRM RHEAMS, SCOTT F 552 NORSEMAN DRIVE PORT ST LUCIE, FL 34984		<u> </u>	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		ta e e e e e e e e e e e e e e e e e e e	<u>;</u> -		

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

NAME STREET ADDRESS CITY-ST-ZIP

2/22/05 561-743-0108

Daytime Phone #