

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L01000003235**

1. Entity Name  
**EMPIRE LAND HOLDINGS, LLC**



Principal Place of Business  
**12525 OAK ARBOR LANE  
BOYNTON BEACH, FL 33436**

Mailing Address  
**12525 OAK ARBOR LANE  
BOYNTON BEACH, FL 33436**



04192007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0686085</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RAYMOND, JOHN J JR.  
1200 N FEDERAL HWY, STE 420  
BOCA RATON, FL 33432**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>3 GOLDEN HOLDINGS, LLC</b>
STREET ADDRESS	<b>P.O. BOX 1681</b>
CITY-ST-ZIP	<b>PALM CITY, FL 34991</b>

TITLE	<b>MGRM</b>
NAME	<b>D.C. SAXON, LLC</b>
STREET ADDRESS	<b>12525 OAK ARBOR LANE</b>
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33436</b>

TITLE	
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CITY-ST-ZIP	

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05/08/07-80022-019 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

**4-19-07 561-498-3482**