2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 14, 2005 8:00 am Secretary of State 01-14-2005 90039 029 ****50.00

Daytime Phone #

Principal Place of Business 5660 STRAND COURT NAPLES, FL 34110 Septiments Se	1. Entity Name EMPIRE INTERIOR DESIGN, L.L.C.									
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South Sout	Suite, Apt. #, etc.					2005 Chg-LLC	CR2E0	83 (10/03)		
SADEZ, EMILIO J 6001 TAYLOR ROAD NAPLES, FL 34109 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with an accept the obligation of registered agent, or both, in the State of Florida. I am familiar with an accept the obligation of registered agent, or both, in the State of Florida. I am familiar with a decept agent	City & State		NAPUS FC					ļ 		
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	6. Name and Address of Current Registered Agent									
B. The above named entity, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	6001 TAYLOR ROAD				Street Address (P.O. Box Number is Not Acceptable)					
the obligations of registered agent. SIGNATURE				City			FL	Zip Code	,	
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES TITLE P	the obligations of registered agent.									
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	er of the									