


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90067 016 ***138.75

DOCUMENT # L01000010909

1. Entity Name
EMPIRE INTERIOR DESIGN, L.L.C.



Principal Place of Business
**5660 STRAND COURT
 NAPLES, FL 34110**

Mailing Address
**6001 TAYBOR RD
 NAPLES, FL 34109**

00004100

2. Principal Place of Business - No P.O. Box #
9351 COAKSCREW RD

3. Mailing Address
 Suite, Apt. #, etc.
 Suite, Apt. #, etc.


City & State
ESTERO FL

City & State

Zip
33928

Country

Zip
 Country



01192008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3724569

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

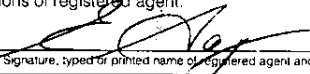
6. Name and Address of Current Registered Agent

**SADEZ, EMILIO J
 6001 TAYLOR ROAD
 NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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  DATE **1/18/08**

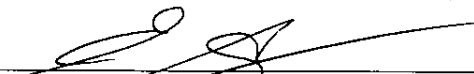
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SADEZ, EMILIO J 6001 TAYLOR ROAD NAPLES, FL 34109 <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	P EMPIRE BUILDERS 5660 STRAND CT NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	EMPIRE BUILDERS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9351 COAKSCREW RD ESTERO, FL 33928
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
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:  DATE **1/18/08** DAYTIME PHONE # **2395911114**

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