

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

0035616

05-08-2002 90077 011 ****50.00

DOCUMENT # L01000012153

1. Entity Name
EMPIRE PROPERTY GROUP, LLC ✓

Principal Place of Business
**8019-C WEST HILLSBOROUGH AVE.
 TAMPA FL 33615**

Mailing Address
**8019-C WEST HILLSBOROUGH AVE.
 TAMPA FL 33615**

2. Principal Place of Business

Lisa Bruckner
 Suite, Apt. #, etc.
10507 Out Island DR

3. Mailing Address

10507 Out Island Dr
 Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

Zip
33615

Country
USA

Zip
33615

Country
USA

4. FEI Number
59-3733941

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SULLIVAN, STEPHEN C
 315 S. HYDE PARK AVE.
 TAMPA FL 33606**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **President** Delete
 NAME **Anna Mello**
 STREET ADDRESS **10507 Out Island Dr**
 CITY-ST-ZIP **Tampa FL 33615**

TITLE **VICE PRES.** Delete
 NAME **LISA BRUCKNER**
 STREET ADDRESS **10507 Out Island Dr**
 CITY-ST-ZIP **Tampa FL 33615**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
 NAME
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE: **LISA BRUCKNER** SIGNATURE REQUIRED

4/24/02 **813-205-7337**

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

Date

Daytime Phone #

CR2E083 (9/01)