LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State
03-04-2003 90156 016 ****55.00

DOCUMENT # L02000033375

1. Entity Name

EMPIRE/VIVALDI DEVELOPMENT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5660 Strand Court	Goodman Breen & Gibbs
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	3838 Tamiami Tr. N. Ste 300
City & State: Naples, FL	City & State: Naples, FL
Zip: 34110 Country:	Zip: 34103 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 14-1863372 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kenneth D. Goodman

Street Address (P.O. Box Number is Not Acceptable): Goodman & Breen, 3838 Tamiami Trail North, Suite 300

City: Naples, FL 34103 **FL** Zip Code: 34103

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: _____ 2/27/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	Richard B. Melson
STREET ADDRESS	5660 Strand Court
CITY-ST-ZIP	Naples, FL 34110
TITLE	MGR
NAME	Kenneth D. Goodman
STREET ADDRESS	3838 Tamiami Tr. N., Suite 300
CITY-ST-ZIP	Naples, FL 34103
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CR2E083B (12/02)

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: _____ 2/27/03 239-403-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #