2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2004
Secretary of State

DOCUMENT# L03000027764

Entity Name: EMPIRE ENTERPRISES, L.L.C.

Current Principal Place of Business:

33 OCEANSIDE DRIVE
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 54-2122104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD, BLDG. 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: KENNEY, JOSEPH
Address: 33 OCEANSIDE DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGR ( ) Change (X) Addition
Name: KENNEY, DENISE CUSTODI
Address: 33 OCEANSIDE DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGR ( ) Change (X) Addition
Name: KENNEY, DENISE CUSTODI
Address: 33 OCEANSIDE DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH KENNEY MGR 02/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date