

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053850

FILED
May 02, 2005
Secretary of State

Entity Name: EMPIRE DEVELOPMENT & MANAGEMENT GROUP, LLC

Current Principal Place of Business:

3701 EMERSON STREET
JACKSONVILLE, FL 32207

New Principal Place of Business:

1138 MAR DEL PLATA ST S
JACKSONVILLE, FL 32256

Current Mailing Address:

3701 EMERSON STREET
JACKSONVILLE, FL 32207

New Mailing Address:

1138 MAR DEL PLATA ST S
JACKSONVILLE, FL 32256

FEI Number: 20-0588397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STRICKLAND, DEMERY
3701 EMERSON STREET
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

STRICKLAND, DEMERY
1138 MAR DEL PLATA STREET S
JACKSONVILLE, FL 32256 US

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: DEMERY STRICKLAND

05/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: STRICKLAND, DEMERY
Address: 3701 EMERSON STREET
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STRICKLAND, DEMERY
Address: 1138 MAR DEL PLATA ST S
City-St-Zip: JACKSONVILLE, FL 32256

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: DEMERY STRICKLAND

MGRM

05/02/2005

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