

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000159

FILED  
Jan 23, 2004  
Secretary of State

**Entity Name:** EMPIRE MANAGEMENT TEAM, LLC

**Current Principal Place of Business:**

312 CLEMATIS STREET, STE. 403  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

312 CLEMATIS STREET  
SUITE 403  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

P.O. BOX 1161  
WEST PALM BEACH, FL 33402

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATEMAN, MARK L ESQ  
312 CLEMATIS STREET, STE. 403  
WEST PALM BEACH, FL 33401

**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:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      PATEMAN, MARK L ESQ.  
Address:                      312 CLEMATIS STREET, SUITE 403  
City-St-Zip:                      WEST PALM BEACH, FL 33401

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: MARK L. PATEMAN                      MGR                      01/23/2004

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