



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90022 009 ****50.00

DOCUMENT # L04000013657 1. Entity Name EMPIRE 36, LLC					
Principal Place of Business 3598 SW BENITO STREET PORT SAINT LUCIE, FL 34953 US				Mailing Address 3598 SW BENITO STREET PORT SAINT LUCIE, FL 34953 US	
2. Principal Place of Business 3598 SW SAN BENITO ST. Suite, Apt. #, etc.		3. Mailing Address 3598 SW SAN BENITO ST. Suite, Apt. #, etc.			
City & State PORT ST. LUCIE, FL.		City & State PORT ST. LUCIE, FL. 34953		01052005 Chg-LLC CR2E083 (10/03)	
Zip 34953		Country U.S.A		4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent SCHILLER, HARVEY 3598 SW BENITO STREET PORT SAINT LUCIE, FL 34953			
7. Name and Address of New Registered Agent Name HARVEY SCHILLER Street Address (P.O. Box Number is Not Acceptable) 3598 SW SAN BENITO ST. City PORT ST. LUCIE FL Zip Code 34953				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 <u>HARVEY SCHILLER Harvey Schiller PRGR</u> DATE <u>1/4/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHILLER, HARVEY 3598 SW BENITO STREET PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: HARVEY SCHILLER - MGR <u>Harvey Schiller</u> <u>1/7/05</u> <u>561-644-0746</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					