

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031012

FILED
May 30, 2006
Secretary of State

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

Current Principal Place of Business:

189 S. GLENGARRY RD.
BLOOMFIELD HILLS, MI 48301 US

New Principal Place of Business:

1925 EDWIN BLVD
WINTER PARK, FL 32792 US

Current Mailing Address:

189 S. GLENGARRY RD.
BLOOMFIELD HILLS, MI 48301 US

New Mailing Address:

PO BOX 1473
GOLDENROD, FL 32733 US

FEI Number: 20-1039731 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:

KROT, ALEXANDRA
680 OSCEOLA DRIVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

MARTIN, KEVIN
1925 EDWIN BLVD
WINTER PARK, FL 32792 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: KEVIN MARTIN

05/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTIN, KEVIN
Address: P.O. BOX 1473
City-St-Zip: GOLDENROD, FL 32733 US

Title: MGR (X) Delete
Name: KROT, ALEXANDRA
Address: 189 S. GLENGARRY RD.
City-St-Zip: BLOOMFIELD HILLS, MI 48301 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KEVIN MARTIN

MR

05/30/2006

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