

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046788

Entity Name: EMPAC MANAGERS, LLC

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

201 E. PINE STREET, SUITE 701  
ORLANDO, FL 32801

## New Principal Place of Business:

200 EAST ROBINSON STREET  
SUITE 1180  
ORLANDO, FL 32801

## Current Mailing Address:

201 E. PINE STREET, SUITE 701  
ORLANDO, FL 32801

## New Mailing Address:

200 EAST ROBINSON STREET  
SUITE 1180  
ORLANDO, FL 32801

FEI Number: 20-1291787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR.  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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/MANAGERS:

Title: MGR ( ) Delete  
Name: WILLIAMS, DARYL B  
Address: 200 E ROBINSON STREET, SUITE 1180  
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete  
Name: WILLIAMS, TOBEY E JR  
Address: 200 E. ROBINSON STREET, SUITE 1180  
City-St-Zip: ORLANDO, FL 32801

## 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 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: LAURIE GRDINICH

CFO

04/28/2009

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