

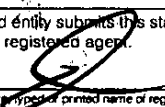




# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90063 012 \*\*\*\*50.00

<b>DOCUMENT # L04000083519</b> 1. Entity Name <b>EMPLIFY LLC</b>					
Principal Place of Business <b>2101 COMMON WAY ROAD ORLANDO, F 32814</b>				Mailing Address <b>2101 COMMON WAY ROAD ORLANDO, F 32814</b>	
2. Principal Place of Business <b>600 N. PINE ISLAND RD. Suite, Apt. #, etc. #401</b>		3. Mailing Address <b>600 N. PINE ISLAND RD. Suite, Apt. #, etc. #401</b>			
City & State <b>PLANTATION, FL.</b>		City & State <b>PLANTATION, FL.</b>		4. FEI Number <b>20-1891579</b>	
Zip <b>33324</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DANDIYA, ANURAG 2101 COMMON WAY ROAD ORLANDO, FL FL</b>				7. Name and Address of New Registered Agent Name <b>IVAN DOBRIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 N. PINE ISLAND ROAD</b> <b>#401</b> City <b>PLANTATION</b> <b>FL</b> <b>33324</b>	
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 		SIGNATURE 		DATE <b>4/26/2005</b>	
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	MGRM DANDIYA, ANURAG 2101 COMMON WAY ROAD ORLANDO, FL 32814	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IVAN DOBRIN 600 N. PINE ISLAND ROAD, #401 PLANTATION, FL. 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: 			DATE <b>4/25/2005</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE <b>4/25/2005</b>		

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