2006 LIMITED LIABILITY COMPANY

CITY-ST-7/P

SIGNATURE:

FILED **ANNUAL REPORT** Mar 06, 2006 08:00 AM **DOCUMENT # L04000088749 Secretary of State** FLV ÉMPIRE LLC Principal Place of Business Malling Address 2928 WELLINGTON CIRCLE 2928 WELLINGTON CIRCLE SUITE 201 SUITE 201 TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 03032006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1976857 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VISCONTI, FRANK L DO NOT WRITE 2928 WELLINGTON CIRCLE **SUITE 201** IN THIS SPACE TALLAHASSEE, FL 32309 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, typed or printed name of registered agent and tric if applicable INOTE: Registered Agent standard required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Unnnnn456853 03/16/06-80048-025 50.00 MANAGING MEMBERS/MANAGERS MGRM 7171.2 VISCONTI, FRANK L NAME STREET ADDRESS 2928 WELLINGTON CIRCLE SUITE 201 TALLAHASSEE, FL 32309 CITY-S3-7IP me NASST STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP mr IN THIS SPACE NAME STREET ADDRESS City-S7-Zir MALKE STREET ADDRESS CITY-ST-7/P MAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 firnited flability company or the receiver or inustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE