


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 06, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000088749 1. Entity Name FLV EMPIRE LLC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 2928 WELLINGTON CIRCLE SUITE 201 TALLAHASSEE, FL 32309 | Mailing Address 2928 WELLINGTON CIRCLE SUITE 201 TALLAHASSEE, FL 32309 |
|---|---|

DO NOT WRITE IN THIS SPACE



08022007 No Chg-LLC

CR2E083 (11/05)

| | |
|---|-----------------------------------|
| 4. FEI Number 20-1976857 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

VISCONTI, FRANK L
2928 WELLINGTON CIRCLE
SUITE 201
TALLAHASSEE, FL 32309

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

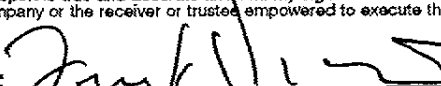
9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM VISCONTI, FRANK L 2928 WELLINGTON CIRCLE SUITE 201 TALLAHASSEE, FL 32309 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |

U000000771471
08/07/07-80003-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Frank L. Visconti**
8-2-2007 0956

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #