2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Secretary of State DOCUMENT #L05000011152 01-23-2006 90137 001 ****50.00 1. Entity Name EMPRESA, LLC Principal Place of Business Mailing Address 20001850 **6550 77TH STREET 6550 77TH STREET** VERO BEACH, FL 32967 VERO BEACH, FL 32967 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-LLC CR2E083 (11/05) City & State Applied For City & State 4. fEl Number 20-2306023 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKS, JAMES **6550 77TH STREET** Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32967 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** TITLE ☐ Delete TITLE Change ☐ Addition PARKS, JAMES NAME NAME STREET ADDRESS **6550 77TH STREET** STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP MGRM TITLE 🗹 Delete TITLE ☐ Change Addition SCHIAVONE, LORENZO NAME NAME STREET ADDRESS 1945 23RD AVENUE STREET ADORESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP 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.

FILED

Jan 23, 2006 8:00 am