

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90010 014 ****50.00



DOCUMENT # L05000033204

1. Entity Name

EMPRESS INVESTMENTS LLC

Principal Place of Business

#2 9TH STREET
UNIT 4
SAINT AUGUSTINE BEACH FL 32080

Mailing Address

PO BOX 1478
SAINT AUGUSTINE FL 32085

2. Principal Place of Business

109 B street

Suite, Apt. #, etc.

Apt. A

3. Mailing Address

P.O Box 1478

Suite, Apt. #, etc.

City & State

St. Augusting Beach, FL

City & State

St. Augustine, FL

Zip

32080

Country

U.S.A.

Zip

32085

Country

U.S.A.

4. FEI Number

562508147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

TRANHAM, LAUREN N
#2 9TH STREET
UNIT 4
SAINT AUGUSTINE BEACH FL 32080

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Lauren N. Tranham

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TRANHAM, LAUREN N
STREET ADDRESS #2 9TH STREET UNIT 2
CITY-ST-ZIP SAINT AUGUSTINE BEACH FL 32080 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Tranham, Lauren N.
STREET ADDRESS 109 B street Apt A
CITY-ST-ZIP St. Augustine Beach, FL 32080 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lauren N. Tranham

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

4/26/06 904-377-9516

Date

Daytime Phone #