

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90023 001 *****50.00
04-25-2006 90023 002 *****5.00

DOCUMENT # L05000053085	
1. Entity Name EMPIRE ASSOCIATES, LLC	



Principal Place of Business 700 BAYOU BLVD. SOUTH ST. PETERSBURG, FL 33705	Mailing Address 700 BAYOU BLVD. SOUTH ST. PETERSBURG, FL 33705
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30005987

2. Principal Place of Business 565 Lake Maggiore Blvd. S.		3. Mailing Address 565 Lake Maggiore Blvd. S.	
Suite, Apt. #, etc. St. Petersburg		Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33705	Country USA	Zip 33705	Country USA



04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0897727		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HADALA, JOSEPH C 700 BAYOU BLVD. SOUTH ST. PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgr JOSEPH C. HADALA 565 Lake Maggiore Blvd. S. St. Petersburg FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUBINO, SANDRA J 700 BAYOU BLVD. SOUTH ST. PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgr Rubino, Sandra J 565 Lake Maggiore Blvd. S. St. Petersburg, FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUBINO, SANDRA J 700 BAYOU BLVD. SOUTH ST. PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Rubino, Sandra J 565 Lake Maggiore Blvd. S. St. Petersburg, FL 33705 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HADALA, JOSEPH C 700 BAYOU BLVD. SOUTH ST. PETERSBURG, FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Hadala, Joseph C 565 Lake Maggiore Blvd. S. St. Petersburg, FL 33705 <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 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: <u>Sandra Rubino</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date: <u>4/21/06</u> Daytime Phone #: <u>727-710-0770</u>
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