2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2007
Secretary of State

DOCUMENT# L05000066057

Entity Name: EMPIRE CAPITAL, LLC

Current Principal Place of Business:

800 VILLAGE SQUARE CROSSING, SUITE 317
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

800 VILLAGE SQUARE CROSSING, SUITE 317
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 06-1750783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRIFFITHS, CLIFFORD
800 VILLAGE SQUARE CROSSING, SUITE 317
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GRIFFITHS, CLIFFORD
Address: 2594 SAWYER TERRACE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGR ( ) Delete
Name: JENKINS, CLAUDE
Address: 7896 AMBLESIDE WAY
City-St-Zip: WEST PALM BEACH, FL 33467

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GRIFFITHS, CLIFFORD
Address: 113 SUGARBERRY DRIVE
City-St-Zip: PALM BEACH, FL 33458

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLIFFORD GRIFFITHS MGRM 07/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date