

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081090

Entity Name: EMPIRE FINANCIAL GROUP, LLC

FILED
Feb 26, 2007
Secretary of State

Current Principal Place of Business:

668 N. ORLANDO AVE STE 1022
MAITLAND, FL 32751

New Principal Place of Business:

4929 LAKE SHARP DRIVE
ORLANDO, FL 32817

Current Mailing Address:

668 N. ORLANDO AVE STE 1022
MAITLAND, FL 32751

New Mailing Address:

4929 LAKE SHARP DRIVE
ORLANDO, FL 32817

FEI Number: 27-0130655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUS, BARRETT
668 N. ORLANDO AVE STE 1022
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

HAUS, BARRETT
4929 LAKE SHARP DRIVE
ORLANDO, FL 32817 US

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:

02/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAUS, BARRETT
Address: 668 N. ORLANDO AVE STE 1022
City-St-Zip: MAITLAND, FL 32751

Title: MGR (X) Delete
Name: CLAYTON, CRAIG
Address: 668 N. ORLANDO AVE STE 1022
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAUS, BARRETT
Address: 4929 LAKE SHARP DRIVE
City-St-Zip: ORLANDO, FL 32817

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRETT A. HAUS

MGR

02/26/2007

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