


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90300 004 ****50.00

DOCUMENT # L05000114420					
1. Entity Name ROYAL EMPIRE, LLC					
Principal Place of Business 1853 WEST AVE MIAMI BEACH, FL 33139			Mailing Address 1853 WEST AVE MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box # 1754 BAY ROAD Suite, Apt. #, etc.		3. Mailing Address 1754 BAY ROAD Suite, Apt. #, etc.			
City & State MIAMI BEACH, FLORIDA Zip 33139 Country		City & State MIAMI BEACH, FLORIDA Zip 33139 Country		4. FET Number 20-3859444	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ELBAZ, JOSEPH - spelled wrong 1853 WEST AVE MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name JOSEPH ELBAZ Street Address (P.O. Box Number is Not Acceptable) 1754 BAY ROAD City MIAMI BEACH FL Zip Code 33139		
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 <u>Joseph Elbaz</u> JOSEPH ELBAZ <u>2-6-07</u> <small>Signature, type or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELBAZ, ALBERT 1853 WEST AVE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1754 BAY ROAD MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELBAZ, JOSEPH - spelled wrong 1853 WEST AVE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOSEPH ELBAZ 1754 BAY ROAD MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - 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 606, Florida Statutes.					
SIGNATURE: <u>Joseph Elbaz</u> JOSEPH ELBAZ <u>2/6/07</u> <u>305-531-7017</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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