2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

DOCUMENT# L06000001482

Entity Name: EMPIRE INVESTMENTS GROUP, LLC

Current Principal Place of Business:

3520 JAMAICA RUN LN
#1607
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

3520 JAMAICA RUN LN
#1607
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 22-3919677 **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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR ( ) Delete
Name: CHESTER, BOBBY
Address: 3522 BERMUDA WAY LANE, #1301
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR ( ) Delete
Name: AGUILAR, TERESA
Address: 3522 BERMUDA WAY LANE, #1301
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CHESTER, BOBBY
Address: 3520 JAMAICA RUN LN. #1607
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR (X) Change ( ) Addition
Name: AGUILAR, TERESA
Address: 3520 JAMAICA RUN LN. #1607
City-St-Zip: KISSIMMEE, FL 34741

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: BOBBY CHESTER MGR 07/02/2007

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