

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057791

FILED
May 01, 2007
Secretary of State

Entity Name: EMPIRE MANAGEMENT, LLC

Current Principal Place of Business:

951 WYMORE ROAD
WINTERPARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

220 CLARKSON ROAD
ELLISVILLE, MO 63011

New Mailing Address:

FEI Number: 20-8285773 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:

Name and Address of New Registered Agent:

PATEL, RAJENDRA M
951 WYMORE ROAD
WINTERPARK, FL 32789 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, RAJENDRA M
Address: 951 WYMORE ROAD
City-St-Zip: WINTERPARK, FL 32789

Title: MGR () Delete
Name: PATEL, MUKESH
Address: 951 WYMORE ROAD
City-St-Zip: WINTERPARK, FL 32789

Title: MGR () Delete
Name: PATEL, MAHENDRA
Address: 951 WYMORE ROAD
City-St-Zip: WINTERPARK, FL 32789

ADDITIONS/CHANGES:

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

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

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: RAJENDRA PATEL

MGR

05/01/2007

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