

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90408 029 ***173.75

DOCUMENT # L07000065371

1. Entity Name

EMPERIA HOMES, LLC



Principal Place of Business

9350 FOX TROT LANE
BOCA RATON FL 33496

Mailing Address

9350 FOX TROT LANE
BOCA RATON FL 33496

2. Principal Place of Business - No P.O. Box #

18151 NE 31st Ct.

3. Mailing Address

c/o Ronald Davis P.A.

Suite, Apt. #, etc.

Apt 1702

Suite, Apt. #, etc.

405, 1550 N.E. Miami Gardens Dr.

City & State

Aventura FLA

City & State

N.M.B. FLA

4. FEI Number

26-0459072

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33179

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, GADI
9350 FOX TROT LANE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name Ronald L. Davis

Street Address (P.O. Box Number is Not Acceptable)
1550 N.E. Miami Gardens Dr.

City South Miami Beach

FL

Zip Code 33179

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☒ Delete
NAME COHEN, GADI
STREET ADDRESS 9350 FOX TROT LANE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE MGR ☐ Delete
NAME MYARA, JEAN J
STREET ADDRESS 3442 NE 171ST STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE MGR ☐ Delete
NAME HELENA, BEN DAHAN
STREET ADDRESS 18151 NE 31ST COURT, APT 1702
CITY-ST-ZIP AVENTURA FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 Section 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02-19-08

Date

Daytime Phone #