

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006137

1. Entity Name

EMPIRE DEVELOPMENT OF ORLANDO, L.L.C.

Principal Place of Business

2989 WEST S.R. 434, STE. 500  
LONGWOOD FL 32779

Mailing Address

2989 WEST S.R. 434, STE. 500  
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3604812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIMILLO, LOUIS  
279 CHISWELL PLACE  
LAKE MARY FL 32746

Chang of  
address &  
name correction  
only -

Name

Louie DiMillo

Street Address (P.O. Box Number is Not Acceptable)

2989 W. SR 434 ste 500

Longwood, FL 32779

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM SUMMERPARK HOMES, INC. 2989 WEST S.R. 434, STE. 500 LONGWOOD FL 32779	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

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

Date

Daytime Phone #

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90153 014 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)