2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000006137

1. Entity Name
EMPIRE DEVELOPMENT OF ORLANDO, L.L.C.

Principal Place of Business	Mailing Address
2989 WEST S.R. 434, STE. 500 LONGWOOD, FL 32779	2989 WEST S.R. 434, STE. 500 LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

01062004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3604812	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DIMILLO, LOUIS
2989 W.SR 434 STE 500
LONGWOOD, FL 32779

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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, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000103097
04/05/04-80043-006 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SUMMERPARK HOMES, INC.
STREET ADDRESS	2989 WEST S.R. 434, STE. 500
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Louie Dimillo_   4-2-04   407-788-0288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #