

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000006613

1. Entity Name
EMPIRE PARTNERS, L.L.C.



Principal Place of Business

226 S. PALAFOX STREET
6TH FLOOR
PENSACOLA, FL 32502

Mailing Address

P.O. BOX 710
PENSACOLA, FL 32591



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3604691

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHILL, LAWRENCE C P.A.
226 S. PALAFOX STREET 6TH FL
PENSACOLA, FL 32502

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MERRILL, WILLIS C III
STREET ADDRESS 226 S. PALAFOX ST 6TH FL
CITY- ST- ZIP PENSACOLA, FL 32502

TITLE MGR
NAME MERRILL, BURNEY H
STREET ADDRESS 226 S. PALAFOX ST 6TH FL
CITY- ST- ZIP PENSACOLA, FL 32502

TITLE MGR
NAME MERRILL, COLLIER
STREET ADDRESS 226 S. PALAFOX ST 6TH FL
CITY- ST- ZIP PENSACOLA, FL 32502

TITLE
NAME
STREET ADDRESS
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CITY- ST- ZIP

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01/12/05-80048-015 50.00

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IN THIS SPACE**

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: J. Collier Merrill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

J. COLLIER MERRILL 1-10-05 850-438-0955

Date

Daytime Phone #