

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006613

FILED
Mar 02, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

226 S. PALAFOX PLACE
SUITE 600
PENSACOLA, FL 32502

Current Mailing Address:

P.O. BOX 710
PENSACOLA, FL 32591

New Mailing Address:

FEI Number: 59-3604691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILL, LAWRENCE C P.A.
226 S. PALAFOX PLACE
SIXTH FLOOR
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: MERRILL, WILLIS C III
Address: 226 S. PALAFOX PLACE, 6TH FL
City-St-Zip: PENSACOLA, FL 32502

Title: MGR () Delete
Name: MERRILL, BURNEY H
Address: 226 S. PALAFOX PLACE, 6TH FL
City-St-Zip: PENSACOLA, FL 32502

Title: MGR () Delete
Name: MERRILL, J. COLLIER
Address: 226 S. PALAFOX PLACE, 6TH FL
City-St-Zip: PENSACOLA, FL 32502

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 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: J. COLLIER MERRILL

MGR

03/02/2007

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