

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000001623																																																		
1. Entity Name EMPYREAN CAPITAL GROUP LLC																																																		
Principal Place of Business ONE NORTH CLEMATIS SUITE 320 WEST PALM BEACH, FL 33401	Mailing Address ONE NORTH CLEMATIS SUITE 320 WEST PALM BEACH, FL 33401																																																	
DO NOT WRITE IN THIS SPACE		 01172006No Chg-LLC CR2E083 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 13-4065718</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 13-4065718	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																													
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6. Name and Address of Current Registered Agent BEDARD, JULIE M ONE NORTH CLEMATIS SUITE 320 WEST PALM BEACH, FL 33401		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.																																																		
<table style="width: 100%;"><tr><td style="width: 30%;">SIGNATURE _____</td><td style="width: 40%; text-align: center;">(NOTE: Registered Agent signature required when reappointing)</td><td style="width: 30%; text-align: right;">DATE _____</td></tr><tr><td colspan="3" style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable</td></tr></table>			SIGNATURE _____	(NOTE: Registered Agent signature required when reappointing)	DATE _____	Signature, typed or printed name of registered agent and title if applicable																																												
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Filing Fee is \$50.00 Due by May 1, 2008																																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; font-size: x-small;">TITLE</td><td>MGRM</td></tr><tr><td style="font-size: x-small;">NAME</td><td>GUBELMANN, WILLIAM</td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td>ONE NORTH CLEMATIS STE 320</td></tr><tr><td style="font-size: x-small;">CITY- ST- ZIP</td><td>WEST PALM BEACH, FL 33401</td></tr><tr><td style="font-size: x-small;">TITLE</td><td>MGRM</td></tr><tr><td style="font-size: x-small;">NAME</td><td>GUBELMANN, JAMES</td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td>ONE NORTH CLEMATIS STE 320</td></tr><tr><td style="font-size: x-small;">CITY- ST- ZIP</td><td>WEST PALM BEACH, FL 33401</td></tr><tr><td style="font-size: x-small;">TITLE</td><td>MGRM</td></tr><tr><td style="font-size: x-small;">NAME</td><td>GUBELMAN, MARJORIE</td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td>ONE NORTH CLEMATIS ST #320</td></tr><tr><td style="font-size: x-small;">CITY- ST- ZIP</td><td>WEST PALM BEACH, FL 33401</td></tr><tr><td style="font-size: x-small;">TITLE</td><td>MGRM</td></tr><tr><td style="font-size: x-small;">NAME</td><td>GUBELMANN, WYETH</td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td>ONE NORTH CLEMATIS ST #320</td></tr><tr><td style="font-size: x-small;">CITY- ST- ZIP</td><td>WEST PALM BEACH, FL 33401</td></tr><tr><td style="font-size: x-small;">TITLE</td><td>MGRM</td></tr><tr><td style="font-size: x-small;">NAME</td><td>GUBELMANN, PHOEBE</td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td>ONE NORTH CLEMATIS ST. #320</td></tr><tr><td style="font-size: x-small;">CITY- ST- ZIP</td><td>WEST PALM BEACH, FL 33401</td></tr><tr><td style="font-size: x-small;">TITLE</td><td></td></tr><tr><td style="font-size: x-small;">NAME</td><td></td></tr><tr><td style="font-size: x-small;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: x-small;">CITY- ST- ZIP</td><td></td></tr></table>		TITLE	MGRM	NAME	GUBELMANN, WILLIAM	STREET ADDRESS	ONE NORTH CLEMATIS STE 320	CITY- ST- ZIP	WEST PALM BEACH, FL 33401	TITLE	MGRM	NAME	GUBELMANN, JAMES	STREET ADDRESS	ONE NORTH CLEMATIS STE 320	CITY- ST- ZIP	WEST PALM BEACH, FL 33401	TITLE	MGRM	NAME	GUBELMAN, MARJORIE	STREET ADDRESS	ONE NORTH CLEMATIS ST #320	CITY- ST- ZIP	WEST PALM BEACH, FL 33401	TITLE	MGRM	NAME	GUBELMANN, WYETH	STREET ADDRESS	ONE NORTH CLEMATIS ST #320	CITY- ST- ZIP	WEST PALM BEACH, FL 33401	TITLE	MGRM	NAME	GUBELMANN, PHOEBE	STREET ADDRESS	ONE NORTH CLEMATIS ST. #320	CITY- ST- ZIP	WEST PALM BEACH, FL 33401	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		<div style="text-align: right; margin-bottom: 10px;">U00000412460 02/10/06-80048-003 501.00</div> DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		1/31/06																																																
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #																																																