## 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M00000001623

Entity Name: EMPYREAN CAPITAL GROUP LLC

FILED Mar 15, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ONE NORTH CLEMATIS SUITE 320

WEST PALM BEACH, FL 33401

Current Mailing Address: New Mailing Address:

ONE NORTH CLEMATIS SUITE 320

WEST PALM BEACH, FL 33401

FEI Number: 13-4065718 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEDARD, JULIE M ONE NORTH CLEMATIS SUITE 320

WEST PALM BEACH, FL 33401 US

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: MGRM

Name: GUBELMANN, WILLIAM

Address: ONE NORTH CLEMATIS STE 320 City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM

Name: GUBELMANN, JAMES B
Address: ONE NORTH CLEMATIS STE 320
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM

Name: GUBELMAN, MARJORIE
Address: ONE NORTH CLEMATIS ST #320
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM

Name: GUBELMANN, WYETH

Address: ONE NORTH CLEMATIS ST #320 City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM

Name: GUBELMANN, PHOEBE

Address: ONE NORTH CLEMATIS ST. #320 City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM

 Name:
 BOSTWICK, TANTIVY

 Address:
 ONE CLEMATIS ST #320

 City-St-Zip:
 WEST PALM BEACH, FL 33401

I hereby 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 Statues.

SIGNATURE: WILLIAM S GUBELMANN MGRM 03/15/2011

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