



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Jun 10, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90031 035 \*\*\*\*50.00

<b>DOCUMENT # M04000001161</b> 1. Entity Name <b>EMPIRE SEAFOOD, LLC</b>					
Principal Place of Business <b>7850 N.W. SOUTH RIVER DR.</b> <b>MACKAY, FL 33166</b> <i>Medley</i>			Mailing Address <b>7850 N.W. SOUTH RIVER DR.</b> <b>MACKAY, FL 33166</b> <i>Medley</i>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01142005 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>59-2658678</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				30009167 	
6. Name and Address of Current Registered Agent  <b>PARGA, LUIS</b> <b>7850 N.W. SOUTH RIVER DR.</b> <b>MACKAY, FL 33166</b> <i>Medley</i>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPINNER, STEVE 12500 WEST CREEK PKWY RICHMOND, VA 23238 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEE ATTACHED</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUET, NATHAN 12500 WEST CREEK PKWY RICHMOND, VA 23238 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARGA, LUIS 7850 N.W. SOUTH RIVER DR. MACKAY, FL 33166 <input checked="" type="checkbox"/> Delete <i>medley</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, HENRY 2701 S.W. 3RD AVE MIAMI, FL 33129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHBEIN, ROBERT J 12500 WEST CREEK PKWY RICHMOND, VA 23238 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALCARAZ, CARLOS 7850 N.W. SOUTH RIVER DR. MACKAY, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>4/24/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

Attachment 30009167  
# M0400000161

EMPIRE SEAFOOD LLC

ATTACHMENT TO 2005 ANNUAL REPORT

ADDITIONS TO OFFICERS/DIRECTORS

1. TITLE: C  
NAME: STEVE SPINNER  
STREET ADDRESS: 12500 WEST CREEK PKWY  
CITY-ST-ZIP: RICHMOND, VIRGINIA 23238
2. TITLE: S  
NAME: NATHAN DUET  
STREET ADDRESS: 12500 WEST CREEK PKWY  
CITY-ST-ZIP: RICHMOND, VIRGINIA 23238
3. TITLE: OFC  
NAME: HENRY TORRES  
STREET ADDRESS: 2701 SW 3<sup>RD</sup> AVE  
CITY-ST-ZIP: MIAMI, FL 33129
4. TITLE: VP  
NAME: GRAYLON MACFALL  
STREET ADDRESS: 12500 WEST CREEK PKWY  
CITY-ST-ZIP: RICHMOND, VIRGINIA 23238
5. TITLE: P  
NAME: LUIS PARGA  
STREET ADDRESS: 7850 NW SOUTH RIVER DRIVE  
CITY-ST-ZIP: MEDLEY, FL 33166
6. TITLE: OFC  
NAME: ROBERT C. SLEDD  
STREET ADDRESS: 12500 WEST CREEK PKWY  
CITY-ST-ZIP: RICHMOND, VIRGINIA 23238
7. TITLE: OFC  
NAME: JOE PATERAK  
STREET ADDRESS: 12500 WEST CREEK PKWY  
CITY-ST-ZIP: RICHMOND, VIRGINIA 23238
8. TITLE: VP  
NAME: JEFF FENDER  
STREET ADDRESS: 12500 WEST CREEK PKWY  
CITY-ST-ZIP: RICHMOND, VIRGINIA 23238