

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/22/2003 90105 023 \$50.00 \$50.00
 FILED
 FLORIDA STATE
 DIVISION OF CORPORATIONS

03 DEC -2 AM 8:19

✓ 12/02

DOCUMENT # **M02000003169**

1. Entity Name
EMPIRE APARTMENTS, LLC

Principal Place of Business
 47 GROVE STREET
 SAN RAFAEL CA 94901

Mailing Address
 47 GROVE STREET
 SAN RAFAEL CA 94901

2. Principal Place of Business
 Suits, Apt. #, etc.

3. Mailing Address
 Suits, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number Applied For
 (Not Applicable)

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

6. Name and Address of Current Registered Agent
~~NATIONSCORP REGISTERED AGENTS, INC.
 520 E. PARK AVE.
 TALLAHASSEE FL 32301~~

7. Name and Address of New Registered Agent
 Name **DUT**
 Street Address (P.O. Box) **P9300028862**
318 South Powerline Road
Deerfield Beach, FL 33442
 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.

SIGNATURE *[Signature]* DATE **10/1/03**

\$0.00 FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By September 24, 2003

8. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete RIGALI, ELIZABETH 47 GROVE STREET SAN RAFAEL, CA 94901		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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(2)(c), 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: *[Signature]* **SIGNATURE REQUIRED** **Elizabeth Rigali**; 7-703 482-0430 ⁴¹⁵