



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2016

STEPHEN HOLMQUIST
HOLMQUIST PROPERTY MANAGEMENT, INC
2442 INDIAN OAK CT
PALM HARBOR, FL 34683

SUBJECT: IMPERIAL INVESTMENTS LIMITED PARTNERSHIP
Ref. Number: W16000065886

2016 OCT 11 AM 11:45

We have received your document for IMPERIAL INVESTMENTS LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited partnership or limited liability limited partnership is not available. A foreign limited partnership or limited liability limited partnership whose name is not available must adopt an alternate name for use in the state of Florida. Please insert the alternate name in the space provided.

NOTE: The alternate name must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, LLLP, or L.L.L.P.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 016A00020543

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 SEP 22 PM 2:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imperial Investments Limited Partnership

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Stephen Holmquist

Contact Person

Holmquist Property Management, Inc.

Firm/Company

P O Box 14

Address

Palm Harbor, FL. 34682-0014

City, State and Zip Code

hpmfla@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Holmquist

at (727) 692-3771

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. Imperial Investments Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

Imperial Real Estate Holdings Limited Partnership

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Michigan

State or Country of Formation

3. November 2, 1998

Date of Formation

4. Federal Employer Identification Number: 38-3437753

5. Name of Registered Agent for Service of Process and Florida Street Address:

Stephen Holmquist

2442 Indian Oak Ct.

Palm Harbor, FL 34683

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Stephen Holmquist

Signature of Registered Agent

7. Principal Office:

2442 Indian Oak Ct.

Palm Harbor, FL 34683

8. Mailing Address:

P.O. Box 14

Palm Harbor, FL 34682-0014

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9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Palm Lake Real Estate Investment, LLC

Name of General Partner:

Street Address: 263 Pine Ridge Dr. Bloomfield Hills, MI 48304

Street Address:

Mailing Address:

Mailing Address:

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: September 1, 2016
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 9-14 day of September, 2016



Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

16 SEP 22 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF ASSUMED NAME

for

IMPERIAL INVESTMENTS LIMITED PARTNERSHIP

ID NUMBER: L20416

to transact business under the assumed name of

IMPERIAL REAL ESTATE HOLDINGS LIMITED PARTNERSHIP

received by facsimile transmission on October 3, 2016 is hereby endorsed.

Filed on October 6, 2016 by the Administrator.

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Expiration Date December 31, 2021

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 SEP 22 PM 2: 50

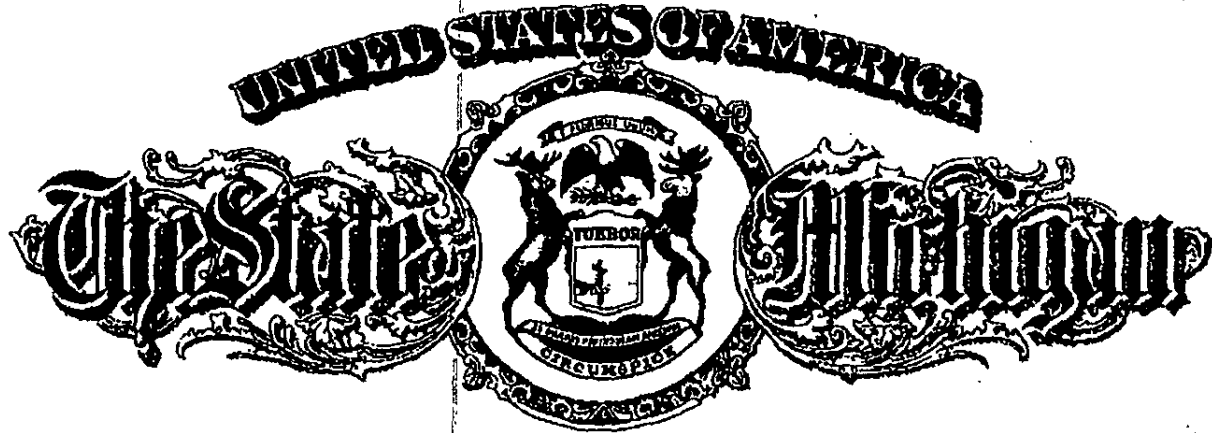


Sent by Facsimile Transmission

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 6th day of October, 2016.

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

IMPERIAL INVESTMENTS LIMITED PARTNERSHIP

a Michigan limited partnership was formed on November 2, 1998.

I FURTHER CERTIFY that the Certificate of Limited Partnership has not been canceled and is in full force and effect as of this date.

This certificate is in due form, and made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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Sent by Facsimile Transmission
1412108

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 13th day of September, 2016.

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau

BCSCD-641 (REV. 1203)

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES		
Date Received	(FOR BUREAU USE ONLY)	
<small>This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.</small>		
Name		
Glenn L. Valentine, Esq.		
Address		
888 W. Big Beaver Road, Suite 910		
City	State	Zip Code
Troy	MI	48098
		EXPIRATION DATE DECEMBER 31,

Document will be returned to the name and address you enter above.
If left blank document will be mailed to the registered office.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF ASSUMED NAME

For use by Corporations, Limited Partnerships and Limited Liability Companies

(Please read information and instructions on reverse side)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), Act 162, Public Acts of 1982 (nonprofit corporations), Act 213, Public Acts of 1982 (limited partnerships), or Act 23, Public Acts of 1993 (limited liability companies), the corporation, limited partnership, or limited liability company in item one executes the following Certificate:

1. The name of the corporation, limited partnership, or limited liability company is:	
	Imperial Investments Limited Partnership
2. The identification number assigned by the Bureau is:	L20-416
3. The assumed name under which business is to be transacted is:	
	Imperial Real Estate Holdings Limited Partnership
4. This document is hereby signed as required by the Act.	

COMPLETE ITEM 5 ON LAST PAGE IF THIS NAME IS ASSUMED BY MORE THAN ONE ENTITY.

Signed this 3rd day of October, 2016

By *O. Kadry*
(Signature)

Othman Kadry Manager
(Type or Print Name) (Type or Print Title or Capacity)

Palm Lake Real Estate Investment, LLC, General Partner
(Limited Partnerships Only - Indicate Name of General Partner if the General Partner is a corporation or other entity)

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005176

Entity Name: PALM LAKE REAL ESTATE INVESTMENT, LLC

Current Principal Place of Business:

263 PINE RIDGE
BLOOMFIELD HILLS, MI 48304

Current Mailing Address:

263 PINE RIDGE
BLOOMFIELD HILLS, MI 48304

FEI Number: 45-3250963

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLMQUIST, STEVE
2442 INDIAN OAK COURT
PALM HARBOR, FL 34683 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

Authorized Person(s) Detail :

Title MGRM
Name KADRY, OTHMAN
Address 263 PINE RIDGE
City-State-Zip: BLOOMFIELD HILLS MI 48304

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I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OTHMAN KADRY

OFFICER

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date