2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000010230

1. Entity Name
IMPERIAL FINANCIAL & ACQUISITION GROUP, LLC

24001517

Principal Place of Business	Mailing Address
1861 PLACIDA RD., STE. 204 1861	1861 PLACIDA RD., STE. 204 1861
ENGLEWOOD, FL 34223-4949	ENGLEWOOD, FL 34223-4949

DO NOT WRITE IN THIS SPACE

01072004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1120142	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MCLENNON, THOMAS P ESQ.~~
~~1861 PLACIDA RD., STE. 204~~
~~ENGLEWOOD, FL 34223-4949~~

Miko P. Gunderson
1861 Placida Road
Suite 204
Englewood, FL 34223

**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.

SIGNATURE _____   1/7/04

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GUNDERSON, MIKO P
STREET ADDRESS	1861 PLACIDA ROAD #204
CITY-ST-ZIP	ENGLEWOOD, FL 342234949

TITLE	MGRM
NAME	DUFF, JAMES T
STREET ADDRESS	8252 WILTSHIRE BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____   1/7/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #