


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

04-29-2005 90038 012 ****50.00

DOCUMENT # L04000034163

1. Entity Name
IMPERIAL, LLC



Principal Place of Business
**3093 46TH AVENUE NORTH
ST. PETERSBURG, FL 33714**

Mailing Address
**3093 46TH AVENUE NORTH
ST. PETERSBURG, FL 33714**

30007978



2. Principal Place of Business

3. Mailing Address

741 International Court N.
St. Petersburg, FL 33716

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St. Petersburg, FL 33716

01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1095374** Applied For Not Applicable

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

8. Name and Address of Current Registered Agent

**PRIDGEN, GRADY C
3093 46TH AVENUE NORTH
ST. PETERSBURG, FL 33714**

7. Name and Address of New Registered Agent

Name

Street Addr

City **St. Petersburg, FL 33716** Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CONDO, LLC 3093 46TH AVENUE NORTH ST. PETERSBURG, FL 33714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	9741 International Court N. St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:  **4/18/05**
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #