2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051589

Entity Name: IMP LLC

Current Principal Place of Business:	**New Principal Place of Business:**
2101 GULF WAY ST. PETE BEACH, FL 33706 US	
Current Mailing Address:	**New Mailing Address:**
2101 GULF WAY ST. PETE BEACH, FL 33706 US	

FEI Number: 20-2223745   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139 US	LEGALZOOM NEVADA, INC 44 W. FLAGLER ST. SUITE 675 MIAMI BEACH, FL 33130 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: KRISTIN HOWARD, LEGALZOOM NEVADA, INC   07/01/2006
_____
             Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:	**ADDITIONS/CHANGES:**
Title: MGRM ( ) Delete Name: MCDONALD, GERALD A Address: 2101 GULF WAY City-St-Zip: ST. PETE BEACH, FL 33706 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: MGRM ( ) Delete Name: MCDONALD, ANDREA J Address: 2101 GULF WAY City-St-Zip: ST. PETE BEACH, FL 33706 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANDREA J MCDONALD   MGRM   07/01/2006
_____
             Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date