

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90025 037 \*\*\*\*50.00

<b>DOCUMENT # L04000059160</b>					
<b>1. Entity Name</b> IMPERIAL DEVELOPMENT, L.L.C.					
<b>Principal Place of Business</b> 7555 HWY 98 WEST PENSACOLA, FL 32506			<b>Mailing Address</b> 7555 HWY 98 WEST PENSACOLA, FL 32506		
<b>2. Principal Place of Business</b> 913 GULF BREEZE PARKWAY Suite, Apt. #, etc. SUITE 3 City & State GULF BREEZE, FL Zip 32561 Country USA		<b>3. Mailing Address</b> 362 GULF BREEZE PARKWAY Suite, Apt. #, etc. #111 City & State GULF BREEZE, FL Zip 32561 Country USA			
04242006 Chg-LLC CR2E083 (11/05)				<b>4. FEI Number</b> 20-1542252	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> ADAMS, ERIK 7555 HIGHWAY 98 WEST PENSACOLA, FL 32506			<b>7. Name and Address of New Registered Agent</b> Name KRISTINE PABIAN Street Address (P.O. Box Number is Not Acceptable) 362 GULF BREEZE PARKWAY, #111 City GULF BREEZE, FL Zip Code 32561		
<b>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.</b> SIGNATURE  KRISTINE PABIAN <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PABIAN, ROBERT 121 SHORELINE DRIVE GULF BREEZE, FL 32561	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMS, ERIK 10466 HEATHERWOOD DRIVE PENSACOLA, FL 32506	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b>			ROBERT C PABIAN		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			7/24/06 850-932-3332 <small>Date Daytime Phone #</small>		