

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059160

Entity Name: IMPERIAL DEVELOPMENT, L.L.C.

FILED  
Feb 22, 2007  
Secretary of State

## Current Principal Place of Business:

913 GULF BREEZE PARKWAY  
SUITE 3  
GULF BREEZE, FL 32561 US

## New Principal Place of Business:

## Current Mailing Address:

362 GULF BREEZE PARKWAY  
SUITE 111  
GULF BREEZE, FL 32561 US

## New Mailing Address:

FEI Number: 20-1542252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARIAN, KRISTINE  
362 GULF BREEZE PARKWAY  
SUITE 111  
GULF BREEZE, FL 32561 US

## Name and Address of New Registered Agent:

PABIAN, KRISTINE  
362 GULF BREEZE PARKWAY  
SUITE 111  
GULF BREEZE, FL 32561 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: KRISTINE PABIAN

02/22/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PABIAN, ROBERT  
Address: 121 SHORELINE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR ( ) Delete  
Name: ADAMS, ERIK  
Address: 10466 HEATHERWOOD DRIVE  
City-St-Zip: PENSACOLA, FL 32506

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT C. PABIAN

MGR

02/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date