

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2006 90025 041 \*\*\*\*50.00

**DOCUMENT # L04000065477**

1. Entity Name  
**IMPERIAL DEVELOPMENTS V, L.L.C.**



Principal Place of Business  
**7555 HWY 98 WEST  
PENSACOLA, FL 32506**

Mailing Address  
**7555 HWY 98 WEST  
PENSACOLA, FL 32506**

**60037000**



2. Principal Place of Business

**913 GULF BREEZE PARKWAY**

Suite, Apt. #, etc.

**SUITE 3**

City & State

**GULF BREEZE, FL**

Zip  
**32561**

Country  
**USA**

3. Mailing Address

**362 GULF BREEZE PARKWAY**

Suite, Apt. #, etc.

**#111**

City & State

**GULF BREEZE, FL**

Zip  
**32561**

Country  
**USA**

04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, ERIK  
10466 HEATHERWOOD DRIVE  
PENSACOLA, FL 32506**

7. Name and Address of New Registered Agent

Name  
**KRISTINE PABIAN**

Street Address (P.O. Box Number is Not Acceptable)

**362 GULF BREEZE PARKWAY #111**

City  
**GULF BREEZE**

FL

Zip Code  
**32561**

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

Signature, typed or printed name of registered agent and title if applicable.

**KRISTINE PABIAN**

(NOTE: Registered Agent Signature required when reinstating)

DATE

**4/24/06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PABIAN, ROBERT  
121 SHORELINE DRIVE  
GULF BREEZE, FL 32561** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ADAMS, ERIK  
10466 HEATHERWOOD DRIVE  
PENSACOLA, FL 32507** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Delete

TITLE  
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CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**ROBERT C. PABIAN**

Date

**4/4/06**

Daytime Phone #

**850-932-3382**