

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2006 90025 044 ****50.00

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| DOCUMENT # L04000065478 1. Entity Name IMPERIAL DEVELOPMENTS II, L.L.C. | | | | | |
| Principal Place of Business 7555 HWY 98 WEST PENSACOLA, FL 32506 | | | Mailing Address 7555 HWY 98 WEST PENSACOLA, FL 32506 | | |
| 2. Principal Place of Business 913 GULF BREEZE PARKWAY Suite, Apt. #, etc. SUITE 3 City & State GULF BREEZE, FL Zip 32561 | | 3. Mailing Address 362 GULF BREEZE PKWY Suite, Apt. #, etc. # 111 City & State GULF BREEZE, FL Zip 32561 | | | |
| Country USA | | Country USA | | 4. FEI Number 20-1750561 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 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 KRISTINE PABIAN 42406 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| 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 | MGR ADAMS, ERIK 10466 HEATHERWOOD DRIVE PENSACOLA, FL 32507 | <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 | | | | |
| 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: ROBERT PABIAN 7/24/06 850-932-3382 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |