


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2006 90025 042 \*\*\*\*50.00

<b>DOCUMENT # L04000065479</b>	
1. Entity Name <b>IMPERIAL DEVELOPMENTS IV, 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>
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2. Principal Place of Business <b>913 GULF BREEZE PARKWAY</b>	3. Mailing Address <b>362 GULF BREEZE PARKWAY</b>
Suite, Apt. #, etc. <b>SUITE 3</b>	Suite, Apt. #, etc. <b>#111</b>
City & State <b>GULF BREEZE, FL</b>	City & State <b>GULF BREEZE, FL</b>
Zip <b>32561</b>	Zip <b>32561</b>
Country <b>USA</b>	Country <b>USA</b>

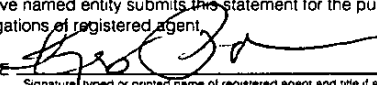


04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>ADAMS, ERIK 10466 HEATHERWOOD DRIVE PENSACOLA, FL 32506</b>	7. Name and Address of New Registered Agent Name <b>KRISTINE PABIAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>362 GULF BREEZE PARKWAY #111</b> City <b>GULF BREEZE</b> FL Zip Code <b>32561</b>
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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.

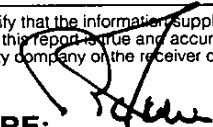
SIGNATURE  **KRISTINE PABIAN** DATE **4/24/06**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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

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** Date **7/27/06** Daytime Phone # **850-932-3382**

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