


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2006 90013 005 ****50.00

DOCUMENT # L04000065480

1. Entity Name
IMPERIAL DEVELOPMENTS III, L.L.C.



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

2. Principal Place of Business 913 GULF BREEZE PARKWAY		3. Mailing Address 362 GULF BREEZE PKWY	
Suite, Apt. #, etc. SUITE 3		Suite, Apt. #, etc. #111	
City & State GULF BREEZE, FL		City & State GULF BREEZE, FL	
Zip 32561	Country USA	Zip 32561	Country USA



04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1751179	Applied For <input 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

ADAMS, ERIK
10466 HEATHERWOOD DRIVE
PENSACOLA, FL 32506

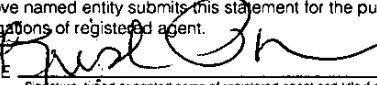
7. Name and Address of New Registered Agent

Name
KRISTINE PABIAN

Street Address (P.O. Box Number is Not Acceptable)
362 GULF BREEZE PKWY #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  **KRISTINE PABIAN** DATE **4/27/06**

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 **4/27/06** Daytime Phone # **850-932-3382**

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