

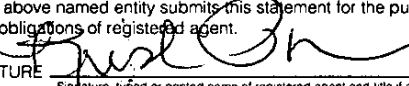
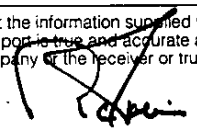


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 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		3. Mailing Address 362 GULF BREEZE PKWY		 04242006 Chg-LLC CR2E083 (11/05) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">4. FEI Number 20-1751179</td> <td style="width: 50%;">Applied For <input type="checkbox"/> Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td> </tr> </table>		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	
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									
Suite, Apt. #, etc. SUITE 3		Suite, Apt. #, etc. #111							
City & State GULF BREEZE, FL		City & State GULF BREEZE, FL							
Zip 32561		Zip 32561		Country USA					
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 <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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 4/27/06 Daytime Phone # 850-932-3382					