

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000021443
 1. Entity Name
 I.M. PARTNERS, LLC



Principal Place of Business
 2300 NORTH SCENIC HIGHWAY
 LAKE WALES, FL 33898

Mailing Address
 PO BOX 832
 LAKE WALES, FL 33859-0832

DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2426253	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 RAFOOL, RAYMOND J
 1519 THIRD STREET S.E.
 WINTER HAVEN, FL 33880

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, RICHARD N 2300 NORTH SCENIC HIGHWAY LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIGHT, JOHN W 2300 NORTH SCENIC HIGHWAY LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, PAUL J 2300 NORTH SCENIC HIGHWAY LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOLEY, CHARLES T 2300 NORTH SCENIC HIGHWAY LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIRCH, ROBERT S 2300 NORTH SCENIC HIGHWAY LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOWENSTEIN, HUGH P 2300 NORTH SCENIC HIGHWAY LAKE WALES, FL 33898

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 01/11/08-80026-015 138.75

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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: Richard N. Young Jr MANAGING PARTNER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
 Date: _____ Daytime Phone #: 863-676-3425