## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021443

Entity Name: I.M. PARTNERS, LLC

FILED Jan 30, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2300 NORTH SCENIC HIGHWAY LAKE WALES, FL 33898

Current Mailing Address: New Mailing Address:

PO BOX 832

LAKE WALES, FL 338590832

FEI Number: 20-2426253 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAFOOL, RAYMOND J STRAUGHN, RICHARD E 1519 THIRD STREET S.E. 255 MAGNOLIA AVE.

WINTER HAVEN, FL 33880 US WINTER HAVEN, FL 33880 US

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.

SIGNATURE: RICHARD E. STRAUGHN 01/30/2012

Electronic Signature of Registered Agent Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: YOUNG, RICHARD N

Address: 2300 NORTH SCENIC HIGHWAY
City-St-Zip: LAKE WALES, FL 33898

Title: MGRM

Name: WIGHT, JOHN W

Address: 2300 NORTH SCENIC HIGHWAY City-St-Zip: LAKE WALES, FL 33898

Title: MGRM

Name: COLLINS, PAUL J

Address: 2300 NORTH SCENIC HIGHWAY
City-St-Zip: LAKE WALES, FL 33898

Title: MGRM

Name: FOLEY, CHARLES T

Address: 2300 NORTH SCENIC HIGHWAY
City-St-Zip: LAKE WALES, FL 33898

Title: MGRM

Name: BIRCH, ROBERT S

Address: 2300 NORTH SCENIC HIGHWAY City-St-Zip: LAKE WALES, FL 33898

Title: MGRM

 Name:
 LOWENSTEIN, HUGH P

 Address:
 2300 NORTH SCENIC HIGHWAY

 City-St-Zip:
 LAKE WALES, FL 33898

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: RICHARD N.YOUNG MGR. 01/30/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date