

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045598

FILED
Apr 24, 2006
Secretary of State

Entity Name: IMPERIAL PROCESSING SERVICES, L.L.C.

Current Principal Place of Business:

876 GARDENIA DRIVE
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

9501 LILY BANK COURT
RIVIERA BEACH, FL 33407

Current Mailing Address:

876 GARDENIA DRIVE
ROYAL PALM BEACH, FL 33411

New Mailing Address:

9501 LILY BANK COURT
RIVIERA BEACH, FL 33407

FEI Number: 20-4010548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTER, DONNA
876 GARDENIA DRIVE
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

NIEL B. RUSSELL
915 NE 125 STREET
SUITE 204
NORTH MIAMI, FL 33161 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: NIEL RUSSELL

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUNTER, DONNA
Address: 876 GARDENIA DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HUNTER, DONNA
Address: 9501 LILY BANK COURT
City-St-Zip: RIVIERA BEACH, FL 33407

Title: MGRM () Change (X) Addition
Name: RHODES, DONNA
Address: 9501 LILY BANK COURT
City-St-Zip: RIVIRA BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: DONNA HUNTER/RHODES

MGRM

04/24/2006

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