

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003384

FILED
Feb 22, 2007
Secretary of State

Entity Name: IMPERIAL DEVELOPMENT HOLDINGS, LLC

Current Principal Place of Business:

7555 HIGHWAY 98 WEST
PENSACOLA, FL 32506

New Principal Place of Business:

913 GULF BREEZE PARKWAY
SUITE 3
GULF BREEZE, FL 32561

Current Mailing Address:

362 GULF BREEZE PKWY
#111
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 20-4078233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, ERIK
10466 HEATHERWOOD DRIVE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

PABIAN, KRISTINE
362 GULF BREEZE PARKWAY
#111
GULF BREEZE, FL 32561 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: KRISTINE PABIAN

02/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADAMS, ERIK
Address: 10466 HEATHERWOOD DRIVE
City-St-Zip: PENSACOLA, FL 35207

Title: MGRM (X) Delete
Name: PABIAN, ROBERT C
Address: 121 SHORELINE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PABIAN, ROBERT C
Address: 121 SHORELINE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT C PABIAN

MGRM

02/22/2007

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