


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90036 021 ****50.00

DOCUMENT # L06000019082	
1. Entity Name IMPRESSIVE PROPERTIES, LLC	

Principal Place of Business 1425 4TH STREET NORTH ST. PETERSBURG, FL 33713	Mailing Address 1425 4TH STREET NORTH ST. PETERSBURG, FL 33713
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2. Principal Place of Business - No P.O. Box # 1425 - 4TH STREET No.	3. Mailing Address 1425 - 4TH STREET No.
Suite, Apt. #, etc. ST. PETERSBURG, FL.	Suite, Apt. #, etc.

City & State ST. PETERSBURG, FL.	City & State ST. PETERSBURG, FL.
Zip 33704	Zip 33704
Country USA	Country USA



07022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 54-3058138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BACON, DAVID A 2959 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713	7. Name and Address of New Registered Agent Name DOROTHEA G. HAKALA Street Address (P.O. Box Number is Not Acceptable) 1425 - 4TH STREET No. City ST. PETERSBURG FL Zip Code 33704
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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 *Dorothea G. Hakala* DATE **7/2/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUSAN J. NICE		NAME	
STREET ADDRESS 1425 - 4TH ST. No.		STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG, FL 33704		CITY-ST-ZIP	
TITLE VICE-PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EUGENE A. NICE		NAME	
STREET ADDRESS 1425 - 4TH ST. No.		STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG, FL 33704		CITY-ST-ZIP	
TITLE SECRETARY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANK J. HAKALA		NAME	
STREET ADDRESS 1425 - 4TH ST. No.		STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG, FL 33704		CITY-ST-ZIP	
TITLE TREASURER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOROTHEA G. HAKALA		NAME	
STREET ADDRESS 1425 - 4TH ST. No.		STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG, FL 33704		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Dorothea G. Hakala* **DOROTHEA G. HAKALA** 7/2/07 727-895-4632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #