2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# L07000034539

Entity Name: IMPERIAL CAB, L. L. C.

Current Principal Place of Business:

2111 34TH STREET NW
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2523
LAKELAND, FL 33805 US

New Mailing Address:

P. O. BOX 2523
LAKELAND, FL 33806 US

FEI Number: 20-8788750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEITH, WILLIAM C
1517 COMMERCIAL PARK DRIVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ESCOBAR, JOSE M
Address: P. O. BOX 2523
City-St-Zip: LAKELAND, FL 33805 US

Title: MGRM ( ) Delete
Name: ESCOBAR, CHRISTINA
Address: P. O. BOX 2523
City-St-Zip: LAKELAND, FL 33805 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ESCOBAR, JOSE M
Address: P. O. BOX 2523
City-St-Zip: LAKELAND, FL 33806 US

Title: MGRM (X) Change ( ) Addition
Name: ESCOBAR, CHRISTINA
Address: P. O. BOX 2523
City-St-Zip: LAKELAND, FL 33806 US

I hereby certify that the information supplied with this filing does not qualify 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: JOSE M. ESCOBAR MGRM 04/19/2009

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