2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Apr 13, 2004 8:00 am Secretary of State DOCUMENT # L99000006030 04-13-2004 90330 044 ****50.00 THE IMPERIAL ART GALLERY, LLC Principal Place of Business Mailing Address 128 SOUTH KENTUCKY AVENUE 128 SOUTH KENTUCKY AVENUE LAKELAND, FL 38301 LAKELAND, FL 38301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 02222004 Cha-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Numbe 59-3080369 *59-3666193* Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAY, MADELINE 128 SOUTH KENTUCKY AVENUE Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 38301 City Zip Code 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 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agen) signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. IIII F **MGRM** Delete TITLE MATIN ☐ Change Addition , norman WOLITZ, LINDA NAME Dancan NAME STREET ADDRESS 3527 HIGHLAND FAIRWAYS BLVD. STREET ADDRESS CITY-ST-7IP LAKELAND, FL 33810 CITY-ST-ZIP MGRM ПΠЕ 🔀 Delete TITLE □ Change Addition NAME BARKER, JEANNE NAME STREET ADDRESS 1421 CAMPHOR DR. STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP MGRM TITLE Delete ☐ Change ☐ Addition Tue . HAME HUGHES, LYNNE NAME STREET ADDRESS **6740 BROKEN ARROW TRAIL** STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-57-70 TITLE MCAL ☐ Delete Addition TITLE ☐ Change NAME MCALISTER, LINDA NAME STREET ADDRESS 2002 E. GACHET BLVD. STREET ADDRESS CRY-ST-7P LAKELAND, FL 33813 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change Addition FRYE, CAROL NAME NAME STREET ADDRESS 5173 CAMBRY STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33805 CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ■ Addition CARTER, ROSEMARY NAME NAME 790 S JACKSON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BARTOW, FL 33830** CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

R, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

*2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

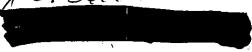
DOCUMENT # L99000006030

1. Entity Name
THE IMPERIAL ART GALLERY, LLC

Principal Place of Business

Mailing Address

128 SOUTH KENTUCKY AVENUE LAKELAND, FL 38301 128 SOUTH KENTUCKY AVENUE LAKELAND, FL 38301 Before Change AHAChment 2440407 changed to - 1999 07 7 59-3666193 in 2001



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAY, MADELINE _____.

128 SOUTH KENTUCKY AVENUE
LAKELAND, FL 38301

DO NOT WRITE IN THIS SPACE

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.

Signature, typed or printed name of registered agent and tile if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2004

9,	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WOLITZ, LINDA
STREET ADDRESS	3527-HIGHLAND FAIRWAYS BLVD.
CITY-ST-ZIP	LAKELAND, FL/33810
TITLE	MGRM)
NAME (BARKER, JEANNE 1421 CAMPHOR DR.
STREET ADORESS	1421 CAMPHOR DR. / COLOR
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	MGRM
NAME	HUGHES, LYNNE
STREET ADDRESS	6740 BROKEN ARROW TRAIL
CITY-ST-ZIP	LAKELAND, FL 33813
mre	MCAL
NAME	MCALISTER, LINDA
STREET ADDRESS	2002 E. GACHET BLVD.
CTTY-ST-ZIP	LAKELAND, FL 33813
TITLE	MGRM
NAME	FRYE, CAROL
STREET ADDRESS	5173 CAMBRY
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	Т
NAME	CARTER, ROSEMARY
STREET ADDRESS	790 S JACKSON AVE
CITY-ST-ZIP	BARTOW, FL 33830
11. I hereby certify that the information supplied with this filing does not quality for the exindicated on this report is true and accurate and that my signature shall have the same	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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: KORLMAN, Carte

AGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/4/04

863-533-7919

Daylane Phone it