2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 30, 2006 08:00 AM
Secretary of State

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

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3666193 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAY, MADELINE 128 SOUTH KENTUCKY AVENUE LAKELAND FL 38301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WOLITZ, LINDA 3527 HIGHLAND FAIRWAYS BLVD. LAKELAND FL 33810	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000566336 05/30/06-80005-022 50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DUNCAN, NORMAN 22 BREEZE HILL LAKE WALES FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HUGHES, LYNNE 6740 BROKEN ARROW TRAIL LAKELAND FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MCAL MCALISTER, LINDA 2002 E. GACHET BLVD. LAKELAND FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FRYE, CAROL 5173 CAMBRY LAKELAND FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARTER, ROSEMARY 790 S JACKSON AVE BARTOW FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rosemary Carter (Rosemary Carter) 5/24/06 863603-4663