

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000003498

1. Entity Name
IMPERIAL PROPERTIES, LLC



Principal Place of Business

**1500 MONY TOWER I
SYRACUSE, NY 13221**

Mailing Address

**PO BOX 4976
SYRACUSE, NY 13221**



03012005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-6327368

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN ST.
TALLAHASSEE, FL 32301**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
WERB, LEWIS
300 OCEAN TERRACE
STATEN ISLAND, NY 10301**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
GAINEC, SPENCER
2 ROCKY TOP COURT
HOLMDEL, NJ 07733**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
AVIS, RONALD
21 CHESIRE PLACE
STATEN ISLAND, NY 10301**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
WERB, STANLEY
10744 DUNHILL TERRACE
RALEIGH, NC 27615**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11000000316375
04/19/05-80071-012 50.00

**DO NOT WRITE
IN THIS SPACE**

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

STANLEY WERB

4.8.05

919.846.4046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #