

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90036 017 ****50.00

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

2. Principal Place of Business - No P.O. Box #

8816 Six Forks Rd.

3. Mailing Address

8816 Six Forks Rd.

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Raleigh, NC

City & State

Raleigh, NC

Zip

27615

Country

Zip

27615

Country

03192007 Chg-LLC CR2E083 (12/06)

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.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

TITLE MGR ☐ Delete
NAME GAINES, SPENCER
STREET ADDRESS 2 ROCKY TOP COURT
CITY-ST-ZIP HOLMDEL, NJ 07733

TITLE MGR ☐ Delete
NAME AVIS, RONALD
STREET ADDRESS 21 CHESHIRE PLACE
CITY-ST-ZIP STATEN ISLAND, NY 10301

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Change ☐ Addition
NAME Gaines, Spencer
STREET ADDRESS 2555 Richmond Avenue
CITY-ST-ZIP Staten Island, NY 10314

TITLE MGR ☒ Change ☐ Addition
NAME AVIS, Ronald
STREET ADDRESS 36750 US Highway 19 North
CITY-ST-ZIP Palm Harbor, FL 34684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

STANLEY WERB

4.11.2007

919 846-4046

Date

Daytime Phone #