

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # M02000003498

1. Entity Name
IMPERIAL PROPERTIES, LLC



Principal Place of Business
**8816 SIX FORKS RD
SUITE 201
RALEIGH, NC 27615**

Mailing Address
**8816 SIX FORKS RD
SUITE 201
RALEIGH, NC 27615**



02272008 No Chg-LLC

CR2E083 (12/07)

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.
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

B. 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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000910386
05/06/08-80106-020 138.75

9. MANAGING MEMBERS/MANAGERS

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

TITLE MGR
NAME GAINES, SPENCER
STREET ADDRESS 2555 RICHMOND AVE
CITY-ST-ZIP STATEN ISLAND, NY 10314

TITLE MGR
NAME AVIS, RONALD
STREET ADDRESS 36750 US HWY 19 NORTH
CITY-ST-ZIP PALM HARBOR, FL 34684

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

STANLEY WERB

04.14.08

Date

Daytime Phone #

919.846.4046