2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 10, 2005 8:00 am

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DOCUMENT # L04000056042 1. Entity Name EAST COAST ICE, LLC							01-10-2005 9	-		
Principal Place of Business 645 MAYPORT RD, STE 3A ATLANTIC BEACH, FL 32233		Meiling Address 645 MAYPORT RD, STE 3A ATLANTIC BEACH, FL 32233		# 1005(B3) W(- Il parat arke a	njr abali bibka is	1888 ili 2881:		
2. Principal Place of Business		ness	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062005	Chg-LLC	CR2E0	83 (10/03)		
City & State			City & State			4. FEI Numb	543955			pplied For ot Applicable
Zip	<u></u>	Country	Zip	Country		5. Certificate	of Status Desired	X	\$5.00 Add	
	6. Name	and Address of Current F	Registered Agent	·		7. Name and	Address of New R	egistered /	Agent	
FAIRBANN 76 SOUTH JACKSON	I LAURA :	ST, STE 1700		Name Street	Address (er is Not Acceptable			
				City	-1-1-			FL	Zip Cod	ie
	named entit tions of regis		the purpose of changing its	registered office	or register	ed agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	d or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent sign	ature required	when reinstating)		DATE		
Fi	iling Fee	or printed name of registered agent a is \$50.00 y 1, 2005	nd title if applicable. (NOTE	: Registered Agent sign	ature required	d when reinstating)		e check p	ayable to ent of Stat	
Fi	iling Fee	is \$50.00		: Registered Agent sign	ature requiec	d when reinstating)	Florida	e check p Departm	ent of Stat	le .
Fi D	iling Fee	is \$50.00 y 1, 2005	RS/MANAGERS	10.	ature required	d when reinstating)		e check p Departm	ent of Stat	<u> </u>
9. TITLE NAME STREET ADDRESS	MGR ALLIGOO 645 MAY	MANAGING MEMBER DD, BOB PORT RD, STE 3A		10. TITLE NAME STREET ADDRESS		d when reinstating)	Florida	e check p Departm	ent of Stat	te
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR ALLIGOO 645 MAY	is \$50.00 y 1, 2005 MANAGING MEMBER	RS/MANAGERS	10. TITLE NAME		i when reinstating)	Florida	e check p Departm	ent of Stat	· · · · · · · · · · · · · · · · · · ·
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR ALLIGOO 645 MAY	MANAGING MEMBER DD, BOB PORT RD, STE 3A	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP		i when reinstating)	Florida	e check p Departm	ent of Stat	☐ Addition
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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 me arme legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: