

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076775

FILED
Jan 18, 2008
Secretary of State

Entity Name: GULF COAST ICE DISTRIBUTION, L.L.C.

Current Principal Place of Business:

3913 CHAIRES CROSSROAD
TALLAHASSEE, FL 32317 76

New Principal Place of Business:

Current Mailing Address:

3913 CHAIRES CROSSROAD
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-1781335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADGETT, TIMOTHY D ESQ.
2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: CURETON, BRYAN H PRES
Address: 2598 MILLSTONE PLANTATION RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR () Delete
Name: RICORD, EDWARD E MGR
Address: 3913 CHAIRES CROSSROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR () Delete
Name: CURETON, PAUL T MGR
Address: 6023 OX BOTTOM MANOR DR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD E. RICORD

MGR

01/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date