

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091689

**FILED**  
**Mar 02, 2006**  
**Secretary of State**

**Entity Name:** ICE CREAM DISTRIBUTORS OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

8055 NW 90TH STREET  
MEDLEY, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8055 NW 90TH STREET  
MEDLEY, FL 33166

**New Mailing Address:**

FEI Number: 20-2034445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DIAZ, PETER A  
8055 NW 90TH STREET  
MEDLEY, FL 33166 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: CEO ( ) Delete  
Name: DIAZ, PEDRO Z  
Address: 8015 NW 90TH STREET  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: DIAZ, PEDRO A  
Address: 8055 NW 90TH STREET  
City-St-Zip: MEDLEY, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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: PEDRO A. DIAZ

CEO

03/02/2006

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