


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90114 021 \*\*\*\*50.00

DOCUMENT # L05000117613

1. Entity Name  
 ICETECH USA, LLC



Principal Place of Business  
 15500 ROOSEVELT BLVD., SUITE 303  
 CLEARWATER, FL 33760

Mailing Address  
 15500 ROOSEVELT BLVD., SUITE 303  
 CLEARWATER, FL 33760

60049830



2. Principal Place of Business - No P.O. Box #  
 4592 Wilmerton Road  
 Suite, Apt. #, etc.  
 Suite 100  
 City & State  
 Clearwater, FL  
 Zip 33762 Country USA

3. Mailing Address  
 4592 Wilmerton Road  
 Suite, Apt. #, etc.  
 Suite 100  
 City & State  
 Clearwater, FL  
 Zip 33762 Country USA

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 20-3926489

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BRONSTEIN, JOEL D  
 150 2ND AVENUE NORTH, SUITE 1100  
 ST. PETERSBURG, FL 33701

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYDON-RUBIN DEVELOPMENT INC 15500 ROOSEVELT BLVD. STE 303 CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4592 Wilmerton Road, Suite 100 Clearwater, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rogers E. Haydon, Jr. Date: 4/25/07 Daytime Phone #: 727-579-0777

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