

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001086

Entity Name: S B ICE, LLC

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

910 LINCOLN ROAD
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

910 LINCOLN ROAD
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-0992098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD
201 ALHAMBRA CIRCLE SUITE 601
CORAL GABLES, FL 33134 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: MGR () Delete
Name: TORNEK, DAVID I
Address: 3605 S. TAMARAC DRIVE
City-St-Zip: DENVER, CO 80237

Title: MGR () Delete
Name: KERNIS, GERALD N
Address: 3605 S. TAMARAC DRIVE
City-St-Zip: DENVER, CO 80237

Title: MGR () Delete
Name: BRASEL, SEAN
Address: 910 LINCOLN RD.
City-St-Zip: MIAMI BEACH, FL 33139

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 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 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: DAVID TORNEK

MGR

06/29/2005

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