## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L02000020172

1. Entity Name FROZEN FAVORITES, LLC



FILED Apr 12, 2006 08:00 AM Secretary of State

Principal Place of Business 5160 NORTHRIDGE RD SARASOTA, FL 34238

SIGNATURE:

Mailing Address

5160 NORTHRIDGE RD SARASOTA, FL 34238



DO NOT WRITE IN THIS SPACE

04102006No Chg-LLC CRZE

CRZE083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSO, STEVEN 5160 NORTHRIDGE ROAD, APT. 206 SARASOTA, FL 34238

## DO NOT WRITE IN THIS SPACE

3. 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.		INOTE, Registered Agent signature required when reinstating)	DATE
	Signature, typed or printed name of registered agent and file if applicable	[NOTE, Happinerus Apani samuna required anion resistantly	OATE
- D	iling Fee is \$50.00 ue by May 1, 2008		
D.	MANAGING MEMBERS/MANAGERS		
TITLE NAME SIBELT ADDRESS CITY-ST-ZIP	MGRM RUSSO, STEVEN 5160 NORTHRIDGE RD APT 206 SARASOTA, FL 34238		U00000505157 04/26/06-80104-025 50.00
name Street address City-St-Zip			
inle name street address chy-st-zip		DO	NOT WRITE
NAME STREET ADDRESS CITY-SI-ZIP		IN T	HIS SPACE
NAME STREET ACTORESS CHY-ST-ZIP			
TITLE NAME STREET AUDITESS CITY-ST-ZIP			
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 true reports of mustee empowered to execute this report as required by Chapter 608, Florida Statutes.			