2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L02000029103

Entity Name: DRY ICE CLEANING, LLC

Current Principal Place of Business:

1903 ATLANTIC ST SUITE 213
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

1903 ATLANTIC ST SUITE 213
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

FEI Number: 03-0490638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.
18901 NE 29TH AVE.
100
AVENTURA, FL 33180 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:	MARGOLIS, ARLENE	
Address:	18901 NE 29TH AVE., SUITE 100	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGR	( ) Delete
Name:	MARGOLIS, HERBERT	
Address:	18901 NE 29TH AVE., SUITE 100	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGR	(X) Delete
Name:	LAVENSTEIN, SEBASTIAN	
Address:	18901 NE 29TH AVE., SUITE 100	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGR	(X) Delete
Name:	LAVENSTEIN, GINA	
Address:	18901 NE 29TH AVE., SUITE 100	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGR	(X) Delete
Name:	HOUSTON, WADE	
Address:	18901 NE 29TH AVE., SUITE 100	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGR	(X) Delete
Name:	HOUSTON, ALICE	
Address:	18901 NE 29TH AVE., SUITE 100	
City-St-Zip:	AVENTURA, FL 33180	

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:	
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 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: ARLENE MARGOLIS MGR 04/27/2006

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