


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State


01-30-2006 90158 010 ****50.00

DOCUMENT # L02000032214		
1. Entity Name ICE CREAM RACER, LLC		

Principal Place of Business 1220 OLD STICKNEY POINT ROAD SARASOTA, FL 34242	Mailing Address 1220 OLD STICKNEY POINT ROAD SARASOTA, FL 34242
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2. Principal Place of Business 2301 GULFGATE DR Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 19797 Suite, Apt. #, etc.
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City & State SARASOTA FL	City & State SARASOTA FL
Zip 34231	Country U.S.
Zip 34276	Country U.S.

	
01032006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 55-0808872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ALFARONE, ROBERT 1220 OLD STICKNEY POINT ROAD SARASOTA, FL 34242	
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7. Name and Address of New Registered Agent Name: QUICKER, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable): 7061 S. TAMMAMI TRAIL SUITE 106 City: SARASOTA FL Zip Code: 34231	
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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: <u>Michael J. Quicker</u>	DATE: <u>12-JAN-2006</u>

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFARONE, ROBERT 1220 OLD STICKNEY POINT ROAD SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALFARONE, ROBERT 2301 GULFGATE DR SARASOTA, FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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: <u>Kurt Cygan</u>	DATE: <u>1/12/06</u> DAYTIME PHONE: <u>941-228-5562</u>