

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023803

FILED
Jan 04, 2007
Secretary of State

Entity Name: OLD MEETING HOUSE HOMEMADE ICE CREAM, LLC

Current Principal Place of Business:

4004 S. MACDILL AVENUE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4004 S. MACDILL AVENUE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 56-2374504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: HOFFMAN, MATTHEW P OWNER
Address: 4004 S. MACDILL AVENUE
City-St-Zip: TAMPA, FL 33611

Title: MGRM () Delete
Name: DAVID, DARRYL A
Address: 4004 S. MACDILL
City-St-Zip: TAMPA, FL 33611

Title: MGRM (X) Delete
Name: REISKE, STEVEN R
Address: 4004 S. MACDILL AVENUE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: STEVEN, REISKE R
Address: 4004 S. MACDILL
City-St-Zip: TAMPA, FL 33611

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: STEVEN R REISKE

MGRM

01/04/2007

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