2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L03000023803

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:

5014 W THE RIVIERA ST
TAMPA, FL 33609

Current Mailing Address:

4004 S. MACDILL AVENUE
TAMPA, FL 33611

New Mailing Address:

5014 W THE RIVIERA ST
TAMPA, FL 33609

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: STEVEN, REISKE R
Address: 4004 S. MACDILL
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HOFFMAN, MATTHEW P OWNER
Address: 5014 W THE RIVIERA ST
City-St-Zip: TAMPA, FL 33609

Title: MGRM (X) Change ( ) Addition
Name: STEVEN, REISKE R
Address: 5014 W THE RIVIERA ST
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify 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: MATTHEW P. HOFFMAN MGR 03/31/2009

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