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Secretary of State

04-22-2004 90355 002 ****50.00

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000030037

1. Entity Name
ICE, ENTERPRISES, L.L.C.

34005501

03232004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
596 U.S. HIGHWAY 1 JUPITER, FL 33458 US	106 D BENT ARROW DRIVE JUPIER, FL 33458 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 81 0620901 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TIBBETTS, IRENE 106D BENT ARROW DRIVE JUPITER, FL 33458	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Irene C. Tibbetts — 4-13-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		Delete	10. ADDITIONS/CHANGES		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BABIARZ, CATHY 15 PARKER AVE. MADISON, CT 06443	☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Babiarz Cathy 15 Parker Ave. Madison, CT 06443	☒	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tibbetts Irene 106D Bent Arrow Drive Jupiter, Fl 33458	☐	☒
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐	☐

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Irene C. Tibbetts — 4-13-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #