


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000034416**  
 1. Entity Name  
**ICE AGE SNOWBALLS, LLC**



Principal Place of Business Mailing Address  
**3641 FOSTER HILL DRIVE NORTH ST. PETERSBURG, FL 33704**      **3641 FOSTER HILL DRIVE NORTH ST. PETERSBURG, FL 33704**



**DO NOT WRITE IN THIS SPACE**

04072005No Chg-LLC CR2E083 (10/03)  
 4. FCI Number **86-1079792** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CAHANIN, SUSAN C**  
**3641 FOSTER HILL DRIVE NORTH**  
**ST. PETERSBURG, FL 33704**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAHANIN, SUSAN C 3641 FOSTER HILL DRIVE NORTH ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAHANIN, GREGORY J 3641 FOSTER HILL DRIVE NORTH ST. PETERSBURG, FL 33704
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 04/11/05-80104-015 50.00  
**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Susan C. Cahanan **4/7/05** **727-527-2644**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #