


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90208 039 \*\*\*\*55.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                   |                                                                                       |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L03000040260</b><br>1. Entity Name<br><b>AMERICA ON ICE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |                                                                   |                                                                                       |  |  |
| Principal Place of Business<br><b>20 NORTH EOLA DRIVE<br/>ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                                                   | Mailing Address<br><b>20 NORTH EOLA DRIVE<br/>ORLANDO, FL 32801</b>                   |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | 3. Mailing Address                                                |                                                                                       |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                | Suite, Apt. #, etc.                                               |                                                                                       |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | City & State                                                      |                                                                                       |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                        | Zip                                                               | Country                                                                               | 02092004    Chg-LLC    CR2E083 (10/03)                                            |  |
| 4. FEI Number<br><b>510489087</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                                                   |                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                   |                                                                                       | <b>\$5.00</b> Additional Fee Required                                             |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                                                   | <b>7. Name and Address of New Registered Agent</b>                                    |                                                                                   |  |
| <b>HARDING, ROBERT L<br/>20 NORTH EOLA DRIVE<br/>ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                                                   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                |                                                                   |                                                                                       |                                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                | <b>Make check payable to<br/>Florida Department of State</b>      |                                                                                       |                                                                                   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                                   | <b>10. ADDITIONS/CHANGES</b>                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGR<br/>HARDING, ROBERT L<br/>20 NORTH EOLA DRIVE<br/>ORLANDO, FL 32801</b> | <input type="checkbox"/> Delete                                   |                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>P<br/>DETER, JEAN-CLAUDE<br/>20 NORTH EOLA DRIVE<br/>ORLANDO, FL 32801</b>  | <input type="checkbox"/> Delete                                   |                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>V<br/>NIINO, YOKO<br/>20 NORTH EOLA DRIVE<br/>ORLANDO, FL 32801</b>         | <input type="checkbox"/> Delete                                   |                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>V<br/>HILMER, WAYNE<br/>20 NORTH EOLA DRIVE<br/>ORLANDO, FL 32801</b>       | <input checked="" type="checkbox"/> Delete                        |                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                       |                                                                                   |  |
| 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. |                                                                                |                                                                   |                                                                                       |                                                                                   |  |
| <b>SIGNATURE:</b> <u>JEAN-CLAUDE DETRE "P"</u> <u>2/9/04</u> <u>863 427 2505</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>                                                                                                                                                                                                                                                                           |                                                                                |                                                                   |                                                                                       |                                                                                   |  |