

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90299 018 \*\*\*\*50.00

**DOCUMENT # L03000040260**

1. Entity Name  
**AMERICA ON ICE, LLC**



Principal Place of Business  
**37 PERCH DRIVE  
KISSIMMEE, FL 34749 US**

Mailing Address  
**37 PERCH DRIVE  
KISSIMMEE, FL 34749 US**



2. Principal Place of Business  
**3037 Starwood Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**3037 Starwood Drive**  
Suite, Apt. #, etc.

02122006 Chg-LLC CR2E083 (11/05)

City & State  
**Oviedo, FL**

City & State  
**Oviedo, FL**

4. FEI Number  
**51-0489087**

Applied For  
Not Applicable

Zip  
**32765** Country  
**USA**

Zip  
**32765** Country  
**USA**

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

6. Name and Address of Current Registered Agent

**HARDING, ROBERT L  
20 NORTH EOLA DRIVE  
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name  
**Jean-Claude Detre**

Street Address (P.O. Box Number is Not Acceptable)

**3037 Starwood Drive**  
City  
**Oviedo** FL Zip Code  
**32765**

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   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/2/06**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
HARDING, ROBERT L  
20 NORTH EOLA DRIVE  
ORLANDO, FL 32801** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
DETRE, JEAN-CLAUDE  
37 PERCH DRIVE  
KISSIMMEE, FL 34749** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
NINO, YOKO  
1551 VIA TUSCANNY  
WINTER PARK, FL 32789** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
3037 Starwood Drive  
Oviedo, FL 32765** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**NINO, YOKO  
5095 Monticello Heights Lane  
Oviedo, FL 32765** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/2/06**  
Date

Daytime Phone #