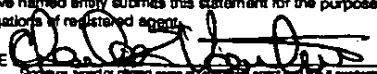


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 08, 2005 8:00 am
Secretary of State

05-11-2005 90030 042 ****50.00

DOCUMENT # L04000020533			
1. Entity Name PREMIER ICE CREAM, LLC			
Principal Place of Business 281 PINWOOD DR. TALLAHASSEE, FL 32303		Mailing Address 281 PINWOOD DR. TALLAHASSEE, FL 32303	
2. Principal Place of Business 232 E. 5th Ave Suite, Apt. #, etc.		3. Mailing Address 232 E. 5th Ave Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32303	Country USA	Zip 32303	Country USA
4. FEI Number 59-3523100		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VANTURE, CHARLES E 281 PINWOOD DR. TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Charles E. Vanture Street Address (P.O. Box Number is Not Acceptable) 232 E. 5th Ave City Tallahassee FL Zip Code 32303	
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 fee if applicable.		Charles E. Vanture (NOTE: Registered Agent signature required when re-appointing) 4/29/05 DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PREMIER ICE CREAM DISTRIBUTORS, LLC 281 PINWOOD DR. TALLAHASSEE, FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME SAME 232 E. 5th Ave Tallahassee, FL 32303 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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 606, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Charles E. Vanture 4/29/05 850-224-7258 Date Daytime Phone #	

30009000



04292005 Chg-LLC CR2E083 (10/03)