

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048082

FILED
Jul 31, 2005
Secretary of State

Entity Name: THE CENTRAL FLORIDA ICE CREAM COMPANY, LLC

Current Principal Place of Business:

6147 DONEGAL DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6147 DONEGAL DRIVE
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 73-1709128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOCTOR, JAMES J
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: EHRLI, MARK A
Address: 6147 DONEGAL DR.
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR () Change (X) Addition
Name: HENRY, ERIC
Address: 4008 CLEVELAND STREET
City-St-Zip: KENSINGTON, MD 20895 US

Title: MGR () Change (X) Addition
Name: HYATT, KEN
Address: 18 HOMEWARD LANE
City-St-Zip: WESTON, CT 06883 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK EHRLI

MGRM

07/31/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date