


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90051 031 \*\*\*\*50.00

<b>DOCUMENT # L04000066084</b> 1. Entity Name <b>JAMMIN ICE CREAM, LLC</b>					
Principal Place of Business <b>8237 SUNSET STRIP</b> <b>SUNRISE, FL 33322 US</b>			Mailing Address <b>8237 SUNSET STRIP</b> <b>SUNRISE, FL 33322 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1729922</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GARDNER, ORETT S</b> <b>8237 SUNSET STRIP</b> <b>SUNRISE, FL 33322</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP GARDNER, KARLA A 8237 SUNSET STRIP SUNRISE, FL 33322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GARDNER, ORETT S 8237 SUNSET STRIP SUNRISE, FL 33322	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
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.			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
SIGNATURE: <i>Karla Gardner</i>			Date _____ Daytime Phone # _____		