2006 LIMITED LIABILITY COMPANY

FILED May 02, 2006 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State					
DOCUMENT # L05000005353								•	2 008 ****		
1. Entity Name F & S SOUTHERN FRIED ICE CREAM, LLC.											
Principal Place of Business Mailing Address					2000	-					
10095 S. YORK WAY HOMOSASSA, FL 34448 US			10095 S. YORK WAY HOMOSASSA, FL 34448 US								
a Dississing	70		La Martina Andreas								
2. Principal Place of Business			3. Mailing Address					J EJ UJ 1			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04112006	Chg-LLC	CR2	E083 (11/05)		
City & State			City & State			4. FEI Numb	oer 0 (6 5 1 2	4	<u> </u>	oplied For ot Applicable	
Zip	Zip Country		Zip	Country	Country		e of Status Desired	<i>'</i> _	\$5.00 Add		
	6. Name a	nd Address of Current F	Registered Agent			7. Name an	d Address of New	Registere	d Agent		
STRICKLAND, DAVID K				Nan							
	YORK WAY SSA, FL 34	448		Street Address			ber is Not Acceptat	ole)			
				City					■ Zip Cod		
8. The above named entity submits this statement for the purpose of changing its registered office or register						red agent or b	ath in the State of I	F Porido La	┗╽╵		
the obligat	tions of register	ed agent.	Tue harboze or custiding its	ledizieren our	Ce or register	гео аден, от ъ	oth, in the State of i	-loriua. rai	n iamiliar willi,	ana accebi	
SIGNATURE	Signature, typed or p	printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent a	signature required	when reinstating)		DATE			
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9.	Signature, typed or siling Fee Is one by May	\$50.00	RS/MANAGERS	10.	signature required	d when reinstating)		ike check da Depart	payable to ment of State		
· Fi	Signature, typed or silling Fee Is ue by May "	\$50.00 1, 2006			signature required	d when reinstating)	Flori	ike check da Depart	payable to ment of State	e Addition	
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11. I hereby certify that the information supplied with this filling 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Dec K STATE DAVID K. STATE CHUMNO 4-27-010 352-1028-0037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysing Proces