


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90085 007 ****50.00

DOCUMENT # L05000011458	
1. Entity Name SPECIAL K KREAMERIES, LLC	

Principal Place of Business 1606 BLACKBURN HEIGHTS DR. SEWICKLEY, PA 15143 US	Mailing Address 1606 BLACKBURN HEIGHTS DR. SEWICKLEY, PA 15143 US
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2. Principal Place of Business 1154 N. ROCK SPRINGS RD	3. Mailing Address 1606 BLACKBURN HEIGHTS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State APOPKA, FL	City & State SEWICKLEY, PA
Zip 32712	Country US
Zip 15143	Country



08022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2400152	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent


Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHELAN, JAMES P 1606 BLACKBURN HEIGHTS DR. SEWICKLEY, PA 15143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Date 7/1/06	Daytime Phone # 412-999-6288
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		