

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019910

Entity Name: ICE SPORTS ACADEMY, LLC

FILED  
Apr 18, 2006  
Secretary of State

**Current Principal Place of Business:**

6415 LAKE WORTH RD. SUITE 203  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

6415 LAKE WORTH RD. SUITE 203  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 20-3109400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEIL, DEAN S  
5019 80TH TERR. S  
LAKE WORTH, FL 33467 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: MGRM ( ) Delete  
Name: KEIL, DEAN S  
Address: 6415 LAKE WORTH RD. SUITE 204  
City-St-Zip: LAKE WORTH, FL 33463

Title: MGRM ( ) Delete  
Name: ALFREDSON, ERIC T  
Address: 5533 CAMEL LANE  
City-St-Zip: LAKE WORTH, FL 33463

Title: MGRM (X) Delete  
Name: RICHARD, GREGORY J  
Address: 6312 US HWY 301N SUITE #165  
City-St-Zip: ELLINGTON, FL 34222

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DEAN S. KEIL

MGRM

04/18/2006

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