

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90081 033 \*\*\*\*50.00

**DOCUMENT # L05000037527**

1. Entity Name  
**EAST BOCA ICE CREAM, LLC**



Principal Place of Business  
123 N.W. 13TH STREET, SUITE 305-A  
BOCA RATON, FL 33432

Mailing Address  
123 N.W. 13TH STREET, SUITE 305-A  
BOCA RATON, FL 33432

**30003678**



2. Principal Place of Business

**255 NE Spanish River Blvd**  
Suite, Apt. #, etc.

3. Mailing Address

**255 N.E. Spanish River Blvd**  
Suite, Apt. #, etc.

01312006 Chg-LLC CR2E083 (11/05)

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

4. FEI Number  
**74-3144399**

Applied For  
☐ Not Applicable

Zip  
**33431**

Country

Zip  
**33431**

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLFF, PETER S**  
123 N.W. 13TH STREET, SUITE 305-A  
BOCA RATON, FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2008**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM**  
**WOLFF, PETER S**  
**123 N.W. 13TH STREET, SUITE 305-A**  
**BOCA RATON, FL 33432**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/31/06**

Date

Daytime Phone #

**561354-4141**



ATTACHMENT  
36003678

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2006

EAST BOCA ICE CREAM, LLC  
123 N.W. 13TH STREET, SUITE 305-A  
BOCA RATON, FL 33432

Subject: EAST BOCA ICE CREAM, LLC

Reference Number:

L05000037527

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION