


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State


01-30-2006 90158 008 ****50.00

DOCUMENT # L05000095863	
1. Entity Name MCCLAIN'S HOMEMADE ICE CREAM, LLC	

Principal Place of Business 3511 CLARK ROAD SARASOTA, FL 34231	Mailing Address 4495 GOLDEN LAKE DRIVE SARASOTA, FL 34233
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2. Principal Place of Business	3. Mailing Address P.O. Box 19797
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State SARASOTA, FL
Zip	Zip 34276
Country	Country U.S.

	
01032006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 35-2261650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent QUICKER, MICHAEL J ESQ 7061 S. TAMIAMI TRAIL, SUITE 106 SARASOTA, FL 34231	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>Michael J. Quicker, Esq.</i>	DATE 16-JAN-2006
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFARONE, ROBERT 3511 CLARK ROAD SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Robert Alfaron</i>	DATE 1/12/06	Daytime Phone # 941-278-5562
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		