



2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000015715</b>	
1. Entity Name <b>IVES DAIRY WAREHOUSE ACQUISITION, LLC</b>	

Principal Place of Business <b>672 EAST HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009 US</b>	Mailing Address <b>672 EAST HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01132008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-4304872</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KOENIGSBERG, JAY  
1200 BRICKELL AVENUE  
SUITE 1900  
MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
After May 1, 2008 Fee will be \$538.75

04/25/08-80027-003 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SCHWARTZ, DANIEL J 672 EAST HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LANSBURGH, ROBERT C 672 EAST HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **1/14/08**      Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #