

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020066

Entity Name: 3-D ICE, L.L.C.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

300 SW 11TH AVENUE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

300 SW 11TH AVENUE
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 20-4364942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLENN, SNEIDER L.C.
200 SW 9TH STREET
OKEECHOBEE, FL 34974 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: ALTMAN, DAVID L SR.
Address: 300 SW 11TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: MGRM () Delete
Name: ALTMAN, SANDRA F
Address: 300 SW 11TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974

Title: MGRM () Delete
Name: ALTMAN, DAVID L JR.
Address: 1105 SW 11TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34974

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 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: DAVID L ALTMAN SR

MAN.

01/09/2009

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