

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023765

Entity Name: COLD ASSETS, LLC

FILED
Jan 13, 2007
Secretary of State

Current Principal Place of Business:

111 ORANGE AVENUE STE 300
FT. PIERCE, FL 34950

New Principal Place of Business:

801 S. OCEAN DRIVE
UNIT # 1001
FT. PIERCE, FL 34949

Current Mailing Address:

111 ORANGE AVENUE STE 300
FT. PIERCE, FL 34950

New Mailing Address:

801 S. OCEAN DRIVE
UNIT # 1001
FT. PIERCE, FL 34949

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABERNETHY, BRUCE R JR
500 VIRGINIA AVENUE STE 202
FT. PIERCE, FL 34982 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: MGR () Delete
Name: STIKELEATHER, RITA
Address: 111 ORANGE AVENUE STE 300
City-St-Zip: FT. PIERCE, FL 34950

Title: MGR () Delete
Name: STIKELEATHER, GRAHAM
Address: 111 ORANGE AVENUE STE 300
City-St-Zip: FT. PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STIKELEATHER, RITA
Address: 801 S. OCEAN DRIVE, # 1001
City-St-Zip: FT. PIERCE, FL 34949

Title: MGR (X) Change () Addition
Name: STIKELEATHER, GRAHAM
Address: 801 S. OCEAN DRIVE, # 1001
City-St-Zip: FT. PIERCE, FL 34949

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: RITA STIKELEATHER

MGR

01/13/2007

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