## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L06000032269**

1. Entity Name ICE HOUSE INTERNATIONAL, L.L.C.



FILED Jan 25, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

645 MAYPORT ROAD, SUITE 3A ATLANTIC BEACH, FL 32233

645 MAYPORT ROAD, SUITE 3A ATLANTIC BEACH, FL 32233



01152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required Fee Required

6. Name and Address of Current Registered Agent

FORAN, JENNIFER A 645 MAYPORT ROAD, SUITE 3A ATLANTIC BEACH, FL 32233

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of cha the obligations of registered agent.</li> </ol>	anging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and	accept
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	<u> </u>
FILE NOWIII FEE IS \$138.75		U00000797047	

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

U00000797047 01/29/08-80057-020 138.75

		# 4
9.	MANAGING MEMBERS/MANAGERS	•
TITLE NAME STREET ADDRESS	MGR ALLIGOOD, BOB 645 MAYPORT ROAD, SUITE 3A	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		
STREET ADDRESS CHTY-ST-ZIP		DO NOT WRITE
TITLE NAME		IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
ITILE NAME STREET ADDRESS CITY-ST-ZIP	·	

11. I hereby certify that the information exoplied 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 accourate 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 its report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

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

1/21/08

(904) 241-7535

Daylime Phone #