

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000119702

**FILED**  
**Aug 03, 2007**  
**Secretary of State**

**Entity Name:** FROZEN DRINKS ETC. OF FLORIDA, LLC

**Current Principal Place of Business:**

5724 SW 8TH PLACE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

5724 SW 8TH PLACE  
GAINESVILLE, FL 32607

**New Mailing Address:**

13820 OLD ST. AUGUSTINE RD  
SUITE 113-229  
JACKSONVILLE, FL 32258

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DIFRANCO, LUIGI C  
5724 SW 8TH PLACE  
GAINESVILLE, FL 32607 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: DIFRANCO, LUIGI C  
Address: 5724 SW 8TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM (X) Delete  
Name: DIFRANCO, RANI R  
Address: 5724 SW 8TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES:**

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:** LUIGI DIFRANCO

MGRM

08/03/2007

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