2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029964

Entity Name: ICE GLASS PRINTS FLORIDA, LLC

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5380 HOFFNER AVE. ORLANDO, FL 32812

Current Mailing Address: New Mailing Address:

5380 HOFFNER AVE. ORLANDO, FL 32812

FEI Number: 26-2261571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SLOAN, JEREMY S

315 E. ROBINSON ST.

SUITE 600

ORLANDO, FL 32812 US

BURD, MICHAEL F

1703 CANOE CREEK ROAD

OVIEDO, FL 32766 US

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: MICHAEL F BURD 01/05/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 FOX FAMILY LLC,
 Name:

 Address:
 5380 HOFFNER AVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

Name:FRISCO, CHARLESName:Address:1129 MAGELLAN DRIVEAddress:City-St-Zip:SARASOTA, FL 32812City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 BURD, MICHAEL F
 Name:

 Address:
 1703 CANOE CREEK ROAD
 Address:

 City-St-Zip:
 OVIEDO, FL 32812
 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: MICHAEL F BURD MGRM 01/05/2009