

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052830

FILED  
Mar 22, 2009  
Secretary of State

Entity Name: SOUTH BEACH CREAMERY LLC

**Current Principal Place of Business:**

1631 ALTON ROAD  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

3402 SW 154 CT  
MIAMI, FL 33185

**New Mailing Address:**

FEI Number: 26-2700788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AHMAD, FERAS  
3402 SW 154 CT  
MIAMI, FL 33185 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: AHMAD, FERAS  
Address: 3402 SW 154 CT  
City-St-Zip: MIAMI, FL 33185

Title: MGRM ( ) Delete  
Name: AHMAD, SAADA  
Address: 3402 SW 154 CT  
City-St-Zip: MIAMI, FL 33185

Title: MGRM (X) Delete  
Name: AHMAD, ALI  
Address: 3402 SW 154 CT  
City-St-Zip: MIAMI, FL 33185

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: AHMAD, ALI  
Address: 3402 SW 154 CT  
City-St-Zip: MIAMI, FL 33185

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: FERAS AHMAD

PD

03/22/2009

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