


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L98000001157 <b>1. Entity Name</b> ICEBOX CAFE, L.C.	
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<b>Principal Place of Business</b> 1657 MICHIGAN AVENUE MIAMI BEACH, FL 33139	<b>Mailing Address</b> 1657 MICHIGAN AVENUE MIAMI BEACH, FL 33139
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-LLC

CR2E083 (10/03)

<b>4. FEI Number</b> 65-0865588	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
  
SIEGMANN, ROBERT  
1657 MICHIGAN AVENUE  
MIAMI BEACH, FL 33139

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** Robert J. Siegman 1-9-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehashing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM SIEGMANN, ROBERT 1657 MICHIGAN AVENUE MIAMI BEACH, FL 33139
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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01/10/05-80013-016 50.00

**DO NOT WRITE  
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**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate 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 this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** Robert J. Siegman 1-9-05 305 538-8448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #