2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
03-22-2006 90287 009 ****55.00

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1. Entity Name
SCOOTER RENTALS, LLC
DBA DeDe's Ice Cream

Principal Place of Business	Mailing Address
1760 OCEAN SHORE BLVD ORMOND BEACH, FL 32176	MOORE STEPHENS POTTER, LLP 500 W JEFFERSON ST., SUITE 1600 LOUISVILLE, KY 40202

2. Principal Place of Business	3. Mailing Address
3101 Port Royal Blvd	
Suite, Apt. #, etc.: Apt 1315	Suite, Apt. #, etc.:
City & State: Fort Lauderdale, Fl	City & State:
Zip: 33308 Country: USA	Zip: Country:

4. FEI Number: 59-3532964 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HARVEY, WILLIAM L
1760 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent
Name: Delores Harvey
Street Address (P.O. Box Number is Not Acceptable): 3101 Port Royal Blvd
Apt 1315
City: Fort Lauderdale FL Zip Code: 33308

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: Delores Harvey Delores J. HARVEY 3-17-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARVEY, WILLIAM L 1760 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delores Harvey 3101 Port Royal Blvd Apt 1315 Fort Lauderdale, Fl 33308 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied 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 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: Delores J. Harvey 3-17-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Delores J. HARVEY