

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

0035544

05-22-2002 90231 040 \*\*\*\*55.00

**DOCUMENT # M01000001098**

1. Entity Name  
**ICE CREAM VENTURES REALTY, LLC**

Principal Place of Business      Mailing Address

**15438 NORTH FLORIDA AVE., STE. 200**      **15438 NORTH FLORIDA AVE., STE. 200**  
**TAMPA FL 33613**      **TAMPA FL 33613**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**SUITE 310**

City & State      City & State

**YOUNGSTOWN, OHIO**

Zip      Country      Zip      Country

**44512**

4. FEI Number      Applied For

**59-3717417**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MANAGING MEMBER	EDWARD W. MURANSKY	15438 NORTH FLORIDA AVE., SUITE 200	TAMPA, FLORIDA 33613	<input type="checkbox"/>
MEMBER	EDWARD J. DEBARTOLO, JR.	15438 NORTH FLORIDA AVE., SUITE 200	TAMPA, FLORIDA 33613	<input type="checkbox"/>
MEMBER	N/D CORPORATION	100 DEBARTOLO PLACE, SUITE 310	YOUNGSTOWN, OHIO 44512	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *GARY A. LUCHMAN, CFO*      **SIGNATURE REQUIRED**      **330-629-1232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)