FILE NOW: Fee after May 1, will be \$588.75

APPROVED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1997 HAY -1 AM 10: 02 DIVISION OF CORPORATIONS Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA \$ 293.75 | Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT #M94000012 ANy Time ICE Company L.L.C. 2712 N.W. 29 13 Terrace DAKland PARK Florida 33311 1a. Principal Place of Business Address If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 3-18-96 Colorado Suite, Apl. #, etc. Suite, Apt. #, etc. Applied For 84-1338764 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired S8 75 Additional Lec Required 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent Timothy J. LEONAAD 2712 N.W. 29 B Terrace OAKland PARK Sta 733711 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. Zip Code FL 9. Pursuant to the provisions of Sections 608 / 16 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or post, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ Appointment) (NOTE: Registered Agent signature required when reinstating) City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** 2967 N.E 15th ST 9991 107th Place Pompavo BCh FLA 33062 MARIE GROVE MN 55369 MGRM MERM J. DOFUID DURHAM Champlin MN. 55316 Co. Springs Co 80915 MGRM Kyle D. Sharp MGRM A.C. Gorden Assoc Tuc. 11400 VERY CRUZ MO FOR ST. 100002176471--6 ****203.75 ****203.7S

11. I do 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 annual 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 808, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SI	GN	ATI	JR	E:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-20-97

Daytime Phone #

677-740