

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059440

Entity Name: ICON HOLDINGS 2211, LLC

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

C/O 1054 KANE CONCOURSE
BAY HARBOR, FL 33154

New Principal Place of Business:

7563 113 STREET
FOREST HILLS, NY 11375

Current Mailing Address:

C/O 1054 KANE CONCOURSE
BAY HARBOR, FL 33154

New Mailing Address:

7563 113 STREET
FOREST HILLS, NY 11375

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF SALLY N. SAWH, P.A.
1054 KANE CONCOURSE
BAY HARBOR, FL 33154 US

Name and Address of New Registered Agent:

ZAVULUNOV, EDUARD
11900 BISCAYNE BLVD.,
809
MIAMI, FL 33181 US

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: EDUARD ZAVULUNOV

01/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAWH, SALLY N
Address: 1054 KANE CONCOURSE
City-St-Zip: BAY HARBOR, FL 33154

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MIEROV, MICHAEL
Address: 7563 113 STREET
City-St-Zip: FOREST HILLS, NY 33181

Title: MGRM () Change (X) Addition
Name: MIEROV, NISAN
Address: 7563 113 STREET
City-St-Zip: FOREST HILLS, NY 11375

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL MIEROV

MGRM

01/10/2006

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