


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000071882**

1. Entity Name  
 IC, LLC



Principal Place of Business <b>SEA AIR TOWERS</b> <b>3725 SOUTH OCEAN DRIVE, SUITE 718</b> <b>HOLLYWOOD, FL 33019</b>	Mailing Address <b>SEA AIR TOWERS</b> <b>3725 SOUTH OCEAN DRIVE, SUITE 718</b> <b>HOLLYWOOD, FL 33019</b>
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01162007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3193255	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COWAN, IRVING**  
**SEA AIR TOWERS**  
**3725 SOUTH OCEAN DRIVE, SUITE 718**  
**HOLLYWOOD, FL 33019**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COWAN, IRVING 3725 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019
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 05/21/07-80010-025 55.00

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:** *Irving Cowan* **4/19/07** *954 458 8998*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #