

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108663

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: 3802 ICON BRICKELL II, LLC

**Current Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE STE 701  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2665 SOUTH BAYSHORE DRIVE STE 701  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 20-2657234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUTIERREZ, NICOLAS J JR  
2665 SOUTH BAYSHORE DRIVE STE 701  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM (X) Delete  
Name: CRUZ, LINO KORRODI  
Address: PASEO DE LA REFOMA NO. 607  
City-St-Zip: C.P. 11000 MEXICO D.F., OC

Title: MGR ( ) Delete  
Name: BORJA, ALEJANDRA  
Address: PASEO DE LA REFOMA NO. 607  
City-St-Zip: C.P. 11000 MEXICO D.F., OC

Title: MGRM (X) Delete  
Name: KORRODI, VALERIA  
Address: PASEO DE LA REFOMA NO. 607  
City-St-Zip: C.P. 11000 MEXICO D.F., OC

Title: MGRM ( ) Delete  
Name: KORRODI, KARLA  
Address: PASEO DE LA REFOMA NO. 607  
City-St-Zip: C.P. 11000 MEXICO D.F., OC

Title: MGRM ( ) Delete  
Name: KORRODI, ESTEFANIA  
Address: PASEO DE LA REFOMA NO. 607  
City-St-Zip: C.P. 11000 MEXICO D.F., OC

Title: MGR ( ) Delete  
Name: GUTIERREZ, NICOLAS J JR  
Address: 2665 SOUTH BAYSHORE DRIVE STE 701  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NICOLAS J. GUTIERREZ, JR., ESQ.

MGR

04/25/2006

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