


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L06000035695	
1. Entity Name AICON REALTY LLC	

Principal Place of Business 113 ISLAND WAY GREENACRES, FL 33413	Mailing Address P O BOX 541510 LAKE WORTH, FL 33454
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4689089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOWARD K. COATES, JR., P.A.
 12012 SOUTH SHORE BOULEVARD
 STE. 107
 WELLINGTON, FL 33414**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

100000246816
 03/18/09-80043-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATALE, JOHN P.O. BOX 541510 LAKE WORTH, FL 33454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATALE, JANICE P.O. BOX 541510 LAKE WORTH, FL 33454
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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: *Janice Natale* **Janice Natale** 2-28-8 861-309-2902

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