

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008097

Entity Name: AICON YACHTS, LLC

FILED
May 03, 2006
Secretary of State

Current Principal Place of Business:

515 SEABREEZE BLVD.
SUITE 303
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

1535 SE 17TH STREET
SUITE 111
FORT LAUDERDALE, FL 33316

Current Mailing Address:

515 SEABREEZE BLVD.
SUITE 303
FORT LAUDERDALE, FL 33316

New Mailing Address:

1535 SE 17TH STREET
SUITE 111
FORT LAUDERDALE, FL 33316

FEI Number: 04-3625739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BROICH, MARC-UDO
2534 SE 14TH ST
POMPANO BEACH, FL 33062 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: CHP () Delete
Name: BROICH, MARC-UDO
Address: 2534 SE 14TH ST.
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: SICLARI, LINO
Address: ZONA INDUSTRIALE
City-St-Zip: GIAMORRO, ME 98040 ITALY,

ADDITIONS/CHANGES:

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: MARC UDO BROICH

PRES

05/03/2006

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