

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000074037

**FILED**  
**Apr 25, 2008**  
**Secretary of State**

**Entity Name:** ICC III - INTERNATIONAL CORPORATE CENTER, LLC

**Current Principal Place of Business:**

150 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

150 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 56-2544532      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

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

S & K PROPERTY MANAGEMENT, LLC  
150 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: CARTAYA, LIDIA  
Address: 150 ALHAMBRA CIRCLE, SUITE 800  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: KUCZURBA, DIRK  
Address: 150 ALHAMBRA CIRCLE, SUITE 800  
City-St-Zip: CORAL GABLES, FL 33134

**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 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: LIDIA CARTAYA      MGR      04/25/2008

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