2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90098 016 ****50.00

DOCUMENT # L02000005070

1. Entity Name
ICON HOLDINGS, LLC

Principal Place of Business	Mailing Address
3350 SW 148 AVE., SUITE 110 MIRAMAR, FL 33027	3350 SW 148 AVE., SUITE 110 MIRAMAR, FL 33027

04122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1560 Sawgrass Corp. PKwy		1560 Sawgrass Corp PKwy	
Suite, Apt. #, etc.: 4th Floor		Suite, Apt. #, etc.: 4th Floor	
City & State: Sunrise, FL		City & State: Sunrise, FL	
Zip: 33323	Country: USA	Zip: 33323	Country: USA

4. FEI Number 020804768 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MALE, MICHAEL H
3250 MARY STREET, SUITE 303
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WEISELBERG, ALAN I 3350 SW 148 AVE., SUITE 110 MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1560 Sawgrass Corporate Parkway, 4th FL Sunrise, FL 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #