2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# L02000008097

Entity Name: AICON YACHTS, LLC

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