

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000015564

1. Entity Name
ZICON, LLCPrincipal Place of Business
1377 CLINT MOORE ROAD
BOCA RATON, FL 33487Mailing Address
1377 CLINT MOORE ROAD
BOCA RATON, FL 33487

AKC

FILED
05 JUL 19 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07142005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
75-3071883Applied Fee
Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, SHIMON MANAGER
1377 CLINT MOORE ROAD
BOCA RATON, FL 33487DO 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: _____

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent's signature required when reappointing)

DATE: _____

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COHEN, SHIMON
STREET ADDRESS	1377 CLINT MOORE ROAD
CITY- ST- ZIP	BOCA RATON, FL 33487

TITLE	
NAME	
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CITY- ST- ZIP	

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CITY- ST- ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 899, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

July 18, 05 561-994-5661

Date

Certified Phone #