



**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L03000013596</b>						
1. Entity Name ICON DISTRIBUTION, LLC						
Principal Place of Business 3956 TOWN CENTER BLVD., SUITE 122 ORLANDO, FL 32837	Mailing Address 3956 TOWN CENTER BLVD., SUITE 122 ORLANDO, FL 32837	  04302008 No Chg-LLC      CR2E083 (12/07) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 72-1566600</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired      <input type="checkbox"/>      <b>\$5.00</b> Additional Fee Required</td></tr></table>	4. FEI Number 72-1566600	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  FLICK, JAMES J 608 EAST CENTRAL BLVD. ORLANDO, FL 32801		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  DATE _____						
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>						
9. MANAGING MEMBERS/MANAGERS		  U000000342708 05/29/08-80032-001 138.75  <b>DO NOT WRITE IN THIS SPACE</b>				
TITLE	MGRM					
NAME	SHARMA, ASHEEM					
STREET ADDRESS	3956 TOWN CENTER BLVD., SUITE 122					
CITY-ST-ZIP	ORLANDO, FL 32837					
TITLE	MGRM					
NAME	SHARMA, IRENE					
STREET ADDRESS	3956 TOWN CENTER BLVD., SUITE 122					
CITY-ST-ZIP	ORLANDO, FL 32837					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.