2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# L03000020748

Entity Name: ICM ASSETS, LLC

Current Principal Place of Business:

1235 PARK POINTE LANE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1235 PARK POINTE LANE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 05-0576677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSADO, IVAN
1235 PARK POINTE LANE
WINTER PARK, FL 32789 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: ROSADO, IVAN
Address: 1235 PARK POINTE LANE
City-St-Zip: WINTER PARK, FL 32701 US

Title: MGRM ( ) Delete
Name: ROSADO, CHRISTIAN A
Address: 2835 WEST UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: MGRM ( ) Delete
Name: ROSADO, MARGARITA
Address: 1578 LAWNDALE CIRCLE
City-St-Zip: WINTER PARK, FL 32792 FL

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: ROSADO, CHRISTIAN A
Address: 6521 AMBER CREEK LANE #207
City-St-Zip: INDIANAPOLIS, IN 46237 US

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: IVAN R. ROSADO MGR 01/09/2007

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