ANNUAL REPORT (AR)

SIGNATURE: DY XX I AND TYPED OR PRINTED NAME OF

DOCUMENT # L03000028539  1. Entity Name ICE DEVELOPMENT GROUP, LLC					FILED Apr 30, 2005 08:00 AM Secretary of State			
Principal Place	of Business	Mailing Address		*				
200 SOUTH		SOUTH BISCAYNE BLVD.						
2730 HAMI FL 33131		2730 MIAMI FL 33131						
WILMING FE SC	1131	MUNIOR			1 J <b>J</b> DUJEN BU BDUJE UNA SKA CAN		ונו נווו נווו וווון וווון	<b>IT</b> I 111 1 <b>T</b> II
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc		Suite, Apt. #, etc.		1st MOORE	CR2E08	3 (10/04)		
City & State		City & State			4. FEI Number 06-1703365	5		plied For t Applicable
Zip	Country	Zip	Count		5. Certificate of Status Desired		\$5.00 Add Fee Required	
<del></del>	6. Name and Address of Current I	Registered Agent			7. Name and Address of New R		<del></del>	<del></del>
G. Hallie did Addrass of odiretti Hogisedow Agent				Name				
AREVALO, JORGE 200 SOUTH BISCAYNE BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
2730 MIAMI FL 33131							-	2 ===
, IVIIIA	WILL 30:01			City		FL	Zip Code	<del></del>
2 The share	named as the submitted this statement to	the purpose of changing its	rogistor	nd office or registe	ared agent of hoth in the State of File		familiar with	and accent
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.	Smaller hand a stated name of variety and name	and tills of controller	Hanistora	d Adent signature romen	ed When (sursisting)	DATE		<del></del> ,
agriculta, types of printed native or agriculture agriculture appropriate.								
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State								
		-		ey 1, 2005	etir Oi State			
9.	MANAGING MEMBE		10.		ADDITIONS	/CHANGES	<del></del>	<del></del> -
TITLE	MGR	Delete	TITL:	E .			☐ Change	Addition
NAME	AREVALO, JORGE		NAM	IE )	U800003 04/30/05-8	46751 2022-0	10 CN N	
STREET ADDRESS				EFT ADDRESS	U47 3U7 U3 TO	มบอดาน	10 30.00	j
CITY ST-ZIP	MIAMI FL 33131		CITY	-ST-ZIP				5.5
TITLE	MGR	Dalete	TITE	1			Change	Addition
NAME DYDEET ADDRESS	MITROPOULOS, TAKIS		NAM	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	4779 COLLINS AVE APT 1403 MIAMI BEACH FL 33140			-SI-ZIP				
<del></del>	\ <u></u>	- Delete	TITL	<del></del>	<del></del>		☐ Change	☐ Addition
NAME	MGR AREVALO, JORGE	☐ Delete	NAM	1				
STREET ADDRESS	7000 ISLAND BLVD. APT 1807			EET ADDRESS				
CITY-S1-ZIP	AVENTURA FL 33160		CITY	'-SI-ZIP				
HILE	MGR	☐ Delete	TITL	E			☐ Change	Addition
NAME	MITROPOULOS, TAKIS		NAM					
STREET ADDRESS	4779 COLLINS AVENUE, SUITE 1	403		EET ADDRESS				
CITY - ST-ZIP	MIAMI BEACH FL 33140	<del></del>		(-S1-ZIP				F3
TITLE	(	☐ Delete	TITE	1		•	☐ Change	Addition
NAME STREET ADDRESS	1		NAN STRI	EET ADORESS				
CITY-ST-ZIP	1		1	r-ST-ZIP				
HILE	<del> </del>	Delete	TITE	<del></del>	<del></del>		Change	Addition
NAME		□ Datere	NAN				-1141194	
STREET ADDRESS			3112	EET ADDRESS				
CITY-ST-ZIP		· 	- ÇITY	Y-51-ZIP				
11. I hereby certify that the information supplied with this filling 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 proposered to execute this report as required by Chapter 608, Florida Statutes.								

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dayume Phone #

Date