

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000028539

1. Entity Name

ICE DEVELOPMENT GROUP, LLC



**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

200 SOUTH BISCAYNE BLVD.  
2730  
MIAMI FL 33131

Mailing Address

200 SOUTH BISCAYNE BLVD.  
2730  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number 06-1703365

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AREVALO, JORGE  
200 SOUTH BISCAYNE BLVD.  
2730  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME AREVALO, JORGE  
STREET ADDRESS 200 SOUTH BISCAYNE BLVD. SUITE 2730  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE MGR  
NAME MITROPOULOS, TAKIS  
STREET ADDRESS 4779 COLLINS AVE APT 1403  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE MGR  
NAME AREVALO, JORGE  
STREET ADDRESS 7000 ISLAND BLVD. APT 1807  
CITY-ST-ZIP AVENTURA FL 33160 ☐ Delete

TITLE MGR  
NAME MITROPOULOS, TAKIS  
STREET ADDRESS 4779 COLLINS AVENUE, SUITE 1403  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
U000000346751  
04/30/05-80088-018 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

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

Date

Daytime Phone #