


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000028539</b>	
1. Entity Name ICE DEVELOPMENT GROUP, LLC	

Principal Place of Business 200 SOUTH BISCAYNE BLVD. 2730 MIAMI, FL 33131	Mailing Address 200 SOUTH BISCAYNE BLVD. 2730 MIAMI, FL 33131
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03092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-1703365	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  AREVALO, JORGE 200 SOUTH BISCAYNE BLVD. 2730 MIAMI, FL 33131
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**DO 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AREVALO, JORGE 200 SOUTH BISCAYNE BLVD. SUITE 2730 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITROPOULOS, TAKIS 4779 COLLINS AVE APT 1403 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AREVALO, JORGE 7000 ISLAND BLVD. APT 1807 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITROPOULOS, TAKIS 4779 COLLINS AVENUE, SUITE 1403 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/06-80125-023 50.00

**DO NOT WRITE  
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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.

**SIGNATURE:** Jorge Arevalo 3/19/06 355 59 5700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #