2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000031981

1. Entity Name
19 ICP LLC

Principal Place of Business	Mailing Address
2601 SOUTH BAYSHORE DR, STE 1200 COCONUT GROVE, FL 33133	2601 SOUTH BAYSHORE DR, STE 1200 COCONUT GROVE, FL 33133

DO NOT WRITE IN THIS SPACE

01092006No Chg-LLC CR2E083 (11/05)

4. FEI Number
01-0796533
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NS CORPORATE SERVICES INC.
501 BRICKELL KEY DR, STE 400
MIAMI, FL 33131

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 TERESITA CASTRO -VICE-PRESIDENT
Signature, (type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	HORN, JOSEPH
STREET ADDRESS	2601 SOUTH BAYSHORE DR, STE 1200
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VP
NAME	KAHANE, ALLAN
STREET ADDRESS	2601 S. BAYSHORE DR. #1200
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	S
NAME	DJERASSI, GIDEON
STREET ADDRESS	2601 S. BAYSHORE DRIVE #122
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000401268
02/02/06-80037-006 50.00

DO NOT WRITE IN THIS SPACE

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: _____ 01/17/2006 (305) 860-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #