

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000013631						FILED 07 MAY 14 PM 1:34 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name ICOM HOLDINGS LLC				Principal Place of Business 2477 PROVENCE CIRCLE WESTON, FL 33327 US			
Mailing Address 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133 US							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04302007 Chg-LLC CR2E083 (12/06)		4. FEI Number 20-3879749	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
City & State		City & State		6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
Zip		Country		Zip		Country	
FL		FL		Zip Code		Zip Code	
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 _____							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENDLAND, GWENDOLYN C 2477 PROVENCE CIRCLE WESTON, FL 33327			TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$45/02 000103587600 05/31/07--01007--001 **1311.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 606, Florida Statutes.							
SIGNATURE: <u>Timothy D. Richards</u> Date: <u>5/31/07</u> Daytime Phone #: <u>(305) 858-9900</u>							