
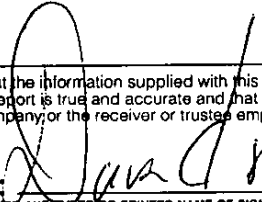


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90431 037 \*\*\*\*55.00

<b>DOCUMENT # L04000050310</b> 1. Entity Name <b>ICON ACQUISITION LLC</b>					
Principal Place of Business <b>101 20TH STREET SUITE 1801 MIAMI BEACH, FL 33139 US</b>			Mailing Address <b>101 20TH STREET SUITE 1801 MIAMI BEACH, FL 33139 US</b>		
2. Principal Place of Business - No P.O. Box # <b>100 South Pointe Drive</b>		3. Mailing Address <b>100 South Pointe Drive</b>			
Suite, Apt. #, etc. <b>3604</b>		Suite, Apt. #, etc. <b>3604</b>			
City & State <b>MIAMI BEACH FL</b>		City & State <b>MIAMI BEACH FL</b>		4. FEI Number <b>41-2233152</b>	
Zip <b>33139</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>33139</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MARVISI, DAVID 101 20TH STREET SUITE 1801 MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name <b>DAVID MARVISI</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 South Pointe Drive #3604</b> City <b>MIAMI FL</b>		
Zip Code <b>33139</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>MARVISI, DAVID</b> <b>101 20TH STREET, SUITE 1801</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>DAVID MARVISI</b> <b>100 SOUTH POINTE DRIVE #3604</b> <b>MIAMI BEACH FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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	
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	
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: 			Date <b>3-29-07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					