


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90009 030 ***150.00

DOCUMENT # L04000073456

1. Entity Name
IKOS ESTATES, LLC



Principal Place of Business Mailing Address

940 LINCOLN ROAD, SUITE 204 **940 LINCOLN ROAD, SUITE 204**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State City & State

4. FEI Number Applied For

80-1864306 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

PANTELAKIS, CHARALAMBOUS
940 LINCOLN ROAD, SUITE 204
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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, 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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CHARALAMBOUS, PANTELAKIS	
STREET ADDRESS	940 LINCOLN ROAD, SUITE 204	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MATHEOU, MATHEOS TH.	
STREET ADDRESS	940 LINCOLN ROAD, SUITE 204	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Matheos Matheou* **MGR** 02/25/2006 (305)-804-6068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #