

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000094365**

1. Entity Name

ICON DEVELOPMENT GROUP, LLC



Principal Place of Business

1428 BRICKELL AVE.  
SUITE 200  
MIAMI, FL 33131

Mailing Address

1428 BRICKELL AVE.  
SUITE 200  
MIAMI, FL 33131



08032006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3793370

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**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

Signature, typed 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 September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
DIAZ, DAVID  
14321 SOUTHWEST 31 STREET  
MIAMI, FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
GRISALES, GILBERTO  
14321 SOUTHWEST 31 STREET  
MIAMI, FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
GRISALES, GILBERTO  
14321 SOUTHWEST 31 STREET  
MIAMI, FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
DIAZ, DAVID  
14321 SOUTHWEST 31 STREET  
MIAMI, FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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08/14/06-80004-008 55:00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

08-10-06 (305) 358 75 95

Date

Daytime Phone #