

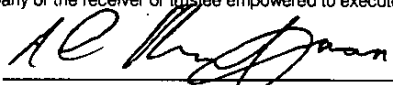


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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|  |                                 |  |  |  |  |
|--|---------------------------------|--|--|--|--|
| DOCUMENT # L05000032974  |                                 |  |  |   |  |
| 1. Entity Name<br>I.C.K. PROPERTIES LLC  |                                 |  |  |  |  |
| Principal Place of Business<br><del>2350 S.W. 30TH AVENUE</del><br><del>HALLANDALE, FL 33009</del>   |                                 |  | Mailing Address<br><del>2350 S.W. 30TH AVENUE</del><br><del>HALLANDALE, FL 33009</del> |  |  |
| 2. Principal Place of Business<br><b>4000 ISLAND BLVD.</b>   |                                 | 3. Mailing Address<br><b>SAME</b>  |  |    |  |
| Suite, Apt. #, etc.<br><b>1806</b>   |                                 | Suite, Apt. #, etc.  |  |  |  |
| City & State<br><b>AVENTURA, FL</b>  |                                 | City & State   |  |  |  |
| Zip<br><b>33160</b>  |                                 | Country<br><b>USA</b>  |  |  |  |
| 4. FEI Number<br><b>20-2688373</b>   |                                 | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  | 08312006 Chg-LLC CR2E083 (11/05)   |  |
| 6. Name and Address of Current Registered Agent<br><br>M & W AGENTS, INC.<br>2101 CORPORATE BLVD., STE. 107<br>BOCA RATON, FL 33431  |                                 |  | 7. Name and Address of New Registered Agent  |  |  |
|  |                                 |  | Name   |  |  |
|  |                                 |  | Street Address (P.O. Box Number is Not Acceptable)                                     |  |  |
|  |                                 |  | City   |  |  |
|  |                                 |  | State <b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                                 |  |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>  |                                 | <b>Make check payable to<br/>Florida Department of State</b>                             |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                 |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                     | MGRM<br>I. Cyril Kaufman<br>4000 Island Blvd., #1806<br>Aventura, FL 33160<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>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>9-20-06</b>   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                 |  | <small>Date Daytime Phone #</small>  |  |  |