


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 22, 2007 08:00 A
Secretary of State**

DOCUMENT # L05000036541	
1. Entity Name ICON IV, LLC	

Principal Place of Business 1625 N. COMMERCE PARKWAY SUITE 315 WESTON, FL 33326	Mailing Address 1625 N. COMMERCE PARKWAY SUITE 315 WESTON, FL 33326
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03062007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5234602	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBACETE, ALFONSO G
1625 N. COMMERCE PARKWAY
SUITE 315
WESTON, FL 33326

**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

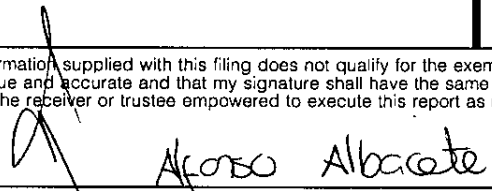
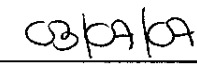
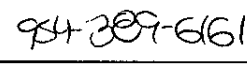
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANZOLA, FRANCISCO G 725 NANDINA DR. WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBACETE, ALFONSO G 1625 N. COMMERCE PARKWAY WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, FREDDY J 6500 SW 109TH ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEPEDINO, ANTONIO S 3942 OSPREY CT WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/30/07-80016-023 50.00

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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:  *Alfonso Albacete*  *CS/PA/CA*  *954-389-6161*

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