2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2'

FILED
May 16, 2006 8:00 am
Secretary of State

04-27-2006 90017 027 ****55.00

DOCUMENT # L05000052004

1. Entity Name
IKON PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
C/O GERARD P. CAMIRE 11035 S.W. 147TH COURT MIAMI, FL 33196	C/O GERARD P. CAMIRE 11035 S.W. 147TH COURT MIAMI, FL 33196

04242006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
12401 SW 134 CT	SAME
Suite, Apt. #, etc.: STE 2	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33186 Country	Zip Country

4. FEI Number 20-290-8681 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, REINALDO E
11035 S.W. 147 COURT
MIAMI, FL 33196

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 ______________________
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER REINALDO E. DIAZ 11035 SW 147 CT MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER GERARD CAMIRE 11035 SW 147 CT MIAMI, FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ______________________ 04/23/06 305.608.7190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #