

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064660

Entity Name: ICON BRICKELL B.H., LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

117 WESTWOOD CIRCLE
ROSLYN HEIGHTS, NY 11577

New Principal Place of Business:

336 TROTting LANE
WESTBURY, NY 11590

Current Mailing Address:

117 WESTWOOD CIRCLE
ROSLYN HEIGHTS, NY 11577

New Mailing Address:

336 TROTting LANE
WESTBURY, NY 11590

FEI Number: 20-3121576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZINGER, GOLAN
9559 COLLINS AVENUE APT. 1006
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZINGER, GOLAN
Address: 9559 COLLINS AVENUE, APT 1006
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM () Delete
Name: ZINGER, DAVID
Address: 9559 COLLINS AVENUE, APT 1006
City-St-Zip: SURFSIDE, FL 33154

Title: MGRM () Delete
Name: ZINGER, VARDIA
Address: 9559 COLLINS AVENUE, APT 1006
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GOLAN ZINGER

MGRM

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date