

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078363

FILED
Apr 30, 2008
Secretary of State

Entity Name: ICK ASSOCIATES TWO, LLC

Current Principal Place of Business:

1015 N.E. 17TH COURT
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

1015 N.E. 17TH COURT
FORT LAUDERDALE, FL 33305 US

Current Mailing Address:

1015 N.E. 17TH COURT
FORT LAUDERDALE, FL 33305

New Mailing Address:

1015 N.E. 17TH COURT
FORT LAUDERDALE, FL 33305 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KITCHNER, CARL
1015 N.E. 17TH COURT
FORT LAUDERDALE, FL 33305 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: MGR () Delete
Name: KITCHNER, IVAN
Address: 1015 N.E. 17TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: MGR () Delete
Name: KITCHNER, CARL
Address: 1015 N.E. 17TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: MGR () Delete
Name: KITCHNER, JEAN
Address: 1015 N.E. 17TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33305

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: CARL L. KITCHNER

MR.

04/30/2008

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