

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079542

Entity Name: ICON BRICKELL 4308 LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

7563 113TH STREET
FOREST HILLS, NY 11375

New Principal Place of Business:

6932 112 STREET
FOREST HILLS, NY 11375

Current Mailing Address:

9559 COLLINS AVE
310
SURFSIDE, FL 33154

New Mailing Address:

6932 112 STREET
FOREST HILLS, NY 11375

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZAVULUNOV, EDUARD
9559 COLLINS AVE., APT. 806
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: MIEROV, LIZA
Address: 7563 113TH STREET
City-St-Zip: FOREST HILLS, NY 11375

Title: MGRM () Delete
Name: MIEROV, NISAN
Address: 7563 113TH STREET
City-St-Zip: FOREST HILLS, NY 11375

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MIEROV, LIZA
Address: 6932 112 STREET
City-St-Zip: FOREST HILLS, NY 11375

Title: MGRM (X) Change () Addition
Name: MIEROV, NISAN
Address: 6932 112 STREET
City-St-Zip: FOREST HILLS, NY 11375

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: LIZA MIEROV

P

05/01/2008

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