


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000095467
 1. Entity Name
 PARKVIEW ICM, LLC



Principal Place of Business 1414 N.W. 107 AVENUE 109 MIAMI, FL 33172 US	Mailing Address 1414 N.W. 107 AVENUE 109 MIAMI, FL 33172 US
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DO NOT WRITE IN THIS SPACE



01122007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3543881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BALZOLA, CARLOS
 1414 N.W. 107 AVENUE
 109
 MIAMI, FL 33172

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

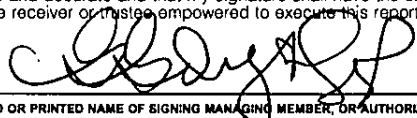
Filing Fee Is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALZOLA, CARLOS 1414 N.W. 107 AVENUE SUITE 109 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ PLA, JORGE 1414 N.W. 107 AVENUE SUITE 109 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, GLENDA 1414 N.W. 107 AVENUE SUITE 109 MIAMI, FL 33172
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/15/07-80140-005 50.00

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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:  Date: 4-27-07 Daytime Phone #: 305 714 0200