2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000095488

1. Entity Name
AUDUBON ICM, LLC



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

Principal Place of Business

Mailing Address

1414 N.W. 107 AVENUE

MIAMI, FL 33172 US

1414 N.W. 107 AVENUE

109

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33172 US



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3543798

Applied For Not Applicable

5. Certificate of Status Desired

\$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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	e named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
F	lling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-S1-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		U00000744219 05/15/07-80140-008 50.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, GLENDA 1414 N.W. 107 AVENUE SUITE 109 MIAMI, FL 33172	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE			

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Oate

Daytima Phone #