

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102124

FILED
Mar 20, 2006
Secretary of State

Entity Name: ICON 2414 LLC

Current Principal Place of Business:

400 ALTON ROAD
2409
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

400 ALTON ROAD
2409
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-3835234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAVES, MARK
15200 SW 142 TERRACE
MIAMI, FL 33196 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: COGORNO, JUAN
Address: 400 ALTON ROAD, # 2409
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: BORSANI, MARIO
Address: 400 ALTON ROAD, #2409
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: BORSANI, ROBERTO
Address: 400 ALTON ROAD, # 2409
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: BIAGIOTI, ALVARO
Address: 400 ALTON ROAD, #2409
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: EL CHARANI, IMED
Address: 400 ALTON ROAD, #2409
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: PERRETTI, EMILIO
Address: 400 ALTON ROAD, #2409
City-St-Zip: MIAMI BEACH, FL 33139

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:

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

Title: () Change () Addition
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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 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: JUAN COGORNO

MGRM

03/20/2006

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