

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102124

FILED  
Jul 20, 2007  
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 ( )  
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:

## Name and Address of New Registered Agent:

CHAVES, MARK  
15200 SW 142 TERRACE  
MIAMI, FL 33196      US

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  
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: MARK CHAVEZ

MGR

07/20/2007

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