2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# L05000102130

Entity Name: ICON 1915 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: 20-4562078 **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:	CRUZ, PABLO	
Address:	400 ALTON ROAD, # 2409	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	MGRM ( ) Delete	
Name:	CRUZ, GRACIELA	
Address:	400 ALTON ROAD, # 2409	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	MGRM ( ) Delete	
Name:	CRUZ, GLADYS	
Address:	400 ALTON ROAD, #2409	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	MGRM ( ) Delete	
Name:	CRUZ, ANGELINA	
Address:	400 ALTON ROAD, #2409	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	MGR ( ) Delete	
Name:	ACOSTA, ROSANGEL	
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:	

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: ROSANGEL ACOSTA MGR 03/27/2006

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