

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003348

FILED
Mar 12, 2009
Secretary of State

Entity Name: INTELCONST INVESTMENTS, LLC

Current Principal Place of Business:

240 W END DRIVE
UNIT 1521
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 80-1008
AVENTURA, FL 33280 US

New Mailing Address:

FEI Number: 51-0563849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN LEVY BENGIO & GERBER
2320 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 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: COHEN WAXMAN, ARIEL
Address: PO BOX 80-1008
City-St-Zip: AVENTURA, FL 33280 US

Title: MGRM () Delete
Name: COHEN WAXSMANN, JOEL
Address: PO BOX 80-1008
City-St-Zip: AVENTURA, FL 33280 US

Title: MGRM () Delete
Name: SAPORTA COHEN, ESTHER
Address: P O BOX 80-1008
City-St-Zip: AVENTURA, FL 33280 US

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:

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: ARIEL COHEN

DIR

03/12/2009

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