

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000036282

**FILED**  
**Mar 17, 2008**  
**Secretary of State****Entity Name:** AICON YACHTS AMERICAS, LLC**Current Principal Place of Business:**1535 SE 17TH STREET STE 111  
FORT LAUDERDALE, FL 33316 US**New Principal Place of Business:****Current Mailing Address:**1535 SE 17TH STREET STE 111  
FORT LAUDERDALE, FL 33316 US**New Mailing Address:****FEI Number:** 86-1166440      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BOWER, TANYA L ESQ  
110 SE 6TH STREET, 15TH FL  
FORT LAUDERDALE, FL 33301 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:** MGR      ( ) Delete  
**Name:** SICLARI, PASQUALE  
**Address:** VIA LARGA 15  
**City-St-Zip:** MILAN, IT 20122 IT**Title:**      ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** PCEO      ( ) Change (X) Addition  
**Name:** SPECIALE, ANTON ANDREA  
**Address:** 1535 SE 17TH STREET STE 111  
**City-St-Zip:** FORT LAUDERDALE, FL 33316 US

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: PASQUALE SICLARI      MGR      03/17/2008

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