

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036282

Entity Name: AICON YACHTS AMERICAS, LLC

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

1801 WEST AVE.
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

1801 WEST AVENUE
MIAMI BEACH, FL 33139 US

Current Mailing Address:

1801 WEST AVE.
MIAMI BEACH, FL 33139 US

New Mailing Address:

1801 WEST AVENUE
MIAMI BEACH, FL 33139 US

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: PCEO () Delete
Name: SPECIALE, ANTON ANDREA
Address: 1535 SE 17TH STREET STE 111
City-St-Zip: FORT LAUDERDALE, FL 33316 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SICLARI, PASQUALE
Address: 1801 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: PCEO (X) Change () Addition
Name: SPECIALE, ANTON ANDREA
Address: 1801 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 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

01/12/2009

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