

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048316

FILED
Feb 23, 2007
Secretary of State

Entity Name: INTERCONTINENTAL TRUST COMPANIES, LLC

Current Principal Place of Business:

3187 ROYAL ROAD
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3187 ROYAL ROAD
MIAMI, FL 33133

New Mailing Address:

FEI Number: 20-8205669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISSMAN, SARGE
3187 ROYAL ROAD
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

WEISS, CAROLINE DIR
3187 ROYAL ROAD
MIAMI, FL 33133 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: CAROLINE WEISS

02/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WEISSMAN, SARGE
Address: 3187 ROYAL ROAD
City-St-Zip: MIAMI, FL 33133

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WEISS, CAROLINE MGR
Address: 3187 ROYAL ROAD
City-St-Zip: MIAMI, FL 33133

Title: MGR () Change (X) Addition
Name: WEISS, ALITZA R MGR
Address: 2127 BRICKELL AVENU
City-St-Zip: MIAMI, FL 33129

Title: SEC () Change (X) Addition
Name: WEISS, ADEENA SEC
Address: 3187 ROYAL ROAD
City-St-Zip: MIAMI, FL 33133

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: CAROLINE WEISS

MGR

02/23/2007

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