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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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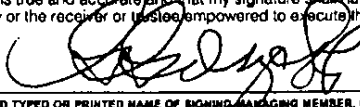
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01122007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000056563					
1. Entity Name ARBORS ICM, LLC					
Principal Place of Business 1414 NW 107 AVENUE, SUITE 109 MIAMI, FL 33172		Mailing Address 1414 NW 107 AVENUE, SUITE 109 MIAMI, FL 33172			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4972860	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, GLENDA 1414 NW 107 AVENUE, SUITE 109 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALZOLA, CARLOS 1414 NW 107 AVENUE, SUITE 109 MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, JORGE 1414 NW 107 AVENUE, SUITE 109 MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, GLENDA 1414 NW 107 AVENUE, SUITE 109 MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			4-27-07 305 716-0200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		