


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



04292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4972860	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent GONZALEZ, GLENDA 1414 NW 107 AVENUE, SUITE 109 MIAMI, FL 33172

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BALZOLA, CARLOS 1414 NW 107 AVENUE, SUITE 109 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERNANDEZ, JORGE 1414 NW 107 AVENUE, SUITE 109 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GONZALEZ, GLENDA 1414 NW 107 AVENUE, SUITE 109 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000935716
05/23/08-80084-001 138.75

**DO NOT WRITE
IN THIS SPACE**

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:  **JORGE FERNANDEZ-PLA** 4/24/08 305-716-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #