

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062321

Entity Name: ICON DECOR, LLC.

FILED
Jan 22, 2007
Secretary of State

Current Principal Place of Business:

801 SPENCER DRIVE
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

801 SPENCER DRIVE
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 41-2209006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINN, JONATHAN D
8607 WENDY LANE EAST
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

WINN, JONATHAN D
210 SOUTH O ST. #4
LAKE WORTH, FL 33460 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: JONATHAN D. WINN

01/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WINN, JONATHAN D
Address: 8607 WENDY LANE EAST
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: MGR () Delete
Name: CONE, STEED C
Address: 8607 WENDY LANE EAST
City-St-Zip: WEST PALM BEACH, FL 33411 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WINN, JONATHAN D
Address: 210 SOUTH O ST. #4
City-St-Zip: LAKE WORTH, FL 33460 US

Title: MGR (X) Change () Addition
Name: CONE, STEED C
Address: 210 SOUTH O ST. #4
City-St-Zip: LAKE WORTH, FL 33460 US

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: JONATHAN D. WINN

MGRM

01/22/2007

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