

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State


03-24-2008 90234 032 ***138.75

600165003



DOCUMENT # L06000073773

1. Entity Name
 IC3E TECHNOLOGY, LLC.



Principal Place of Business
 10165 BRENDON CIR
 ORLANDO, FL 32836 US

Mailing Address
 10165 BRENDON CIR
 ORLANDO, FL 32836 US

2. Principal Place of Business - No P.O. Box #
 10165 BRENDON CIR
 Suite, Apt. #, etc.

3. Mailing Address
 10165 BRENDON CIR
 Suite, Apt. #, etc.

03062008 Chg-LLC CR2E083 (12/06)

City & State
 ORLANDO, FL

City & State
 ORLANDO, FL

Zip
 32836

Country
 USA

Zip
 32836

Country
 USA

4. FEI Number
 20-5274423

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LIN, SHIHCHYE
 10165 BRENDON CIR
 ORLANDO, FL 32836

7. Name and Address of New Registered Agent
 Name
 LIN, SHIHCHYE
 Street Address (P.O. Box Number is Not Acceptable)
 10165 BRENDON CIR
 City
 ORLANDO FL Zip Code
 32836

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]* DATE: _____

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

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

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIN, SHIHCHYE 10165 BRENDON CIR ORLANDO, FL 32836	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIN, SHIHCHYE 10165 BRENDON CIR ORLANDO, FL 32836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: 3/21/08 407-455-0868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #