


**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90111 032 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

|  |   |  |   |
|--|---|--|---|
| DOCUMENT # L06000101513  |   |         |   |
| 1. Entity Name<br>2101 ICON LLC  |   |  |   |
| Principal Place of Business<br>8370 WEST FLAGLER STREET, SUITE 125<br>MIAMI, FL 33144  |   | Mailing Address<br>8370 WEST FLAGLER STREET, SUITE 125<br>MIAMI, FL 33144                |   |
| 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<br><i>20-575 2129</i>  |   | Applied For<br><input type="checkbox"/> Not Applicable                                   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$5.00 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent  |   |
| ELIAS, DAVID<br>8370 WEST FLAGLER STREET, SUITE 125<br>MIAMI, FL 33144   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>  |   |  |   |
| 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>ELIAS, DAVID<br>8370 WEST FLAGLER STREET, SUITE 125<br>MIAMI, FL 33144 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: _____   |   | Date: <i>2/20/07</i>   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   | <small>Daytime Phone #</small>   |   |



01262007 Chg-LLC CR2E083 (12/06)