2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L07000017697

Entity Name: AMICON AVENTURA MANAGEMENT GROUP, LLC

Current Principal Place of Business:

2400 NE 2ND AVENUE
STUDIO B
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

2400 NE 2ND AVENUE
STUDIO B
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 20-8467122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BDB AGENT CO.
5355 TOWN CENTER RD.
SUITE 900
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MOPSICK, ADAM
Address: 2400 NE 2ND AVENUE, STUDIO B
City-St-Zip: MIAMI, FL 33137

Title: MGRM ( ) Delete
Name: ADICKMAN, ROSS
Address: 2400 NE 2ND AVENUE, STUDIO B
City-St-Zip: MIAMI, FL 33137

Title: MGRM ( ) Delete
Name: WOOD, JOHN
Address: 2400 NE 2ND AVENUE, STUDIO B
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROSS ADICKMAN MGRM 03/31/2009

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