

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038279

FILED
Jul 30, 2009
Secretary of State

Entity Name: INTERCONTINENTAL PARTNERS, LLC

Current Principal Place of Business:

11020 PEMBROKE ROAD
SUITE #158
MIRAMAR, FL 33025

New Principal Place of Business:

15751 SHERIDAN ST.
SUITE #421
FT. LAUDERDALE, FL 33331

Current Mailing Address:

11020 PEMBROKE ROAD
SUITE #158
MIRAMAR, FL 33025

New Mailing Address:

15751 SHERIDAN ST.
SUITE #421
FT. LAUDERDALE, FL 33331

FEI Number: 20-8824303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COSTELLO, MICHAEL
11020 PEMBROKE ROAD
SUITE #158
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

COSTELLO, MICHAEL
15751 SHERIDAN ST.
SUITE #421
FT. LAUDERDALE, FL 33331 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: MICHAEL COSTELLO

07/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COSTELLO, MICHAEL
Address: 11020 PEMBROKE ROAD, #158
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COSTELLO, MICHAEL
Address: 15751 SHERIDAN ST. SUITE 421
City-St-Zip: FT. LAUDERDALE, FL 33331

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: MICHAEL COSTELLO

MGR

07/30/2009

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