

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044021

Entity Name: MGN ICARUS, LLC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

1660 NE MIAMI GARDENS DRIVE STE 8
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

1696 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179 US

Current Mailing Address:

1660 NE MIAMI GARDENS DRIVE STE 8
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

1696 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179 US

FEI Number: 20-8951223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAZIT GROUP USA INC
1660 NE MIAMI GARDENS DR
SUITE 8
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

GAZIT GROUP USA INC
1696 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179 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: AHARON SOFFER

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOFFER, AARON
Address: 1660 NE MIAMI GARDENS DR #8
City-St-Zip: MIAMI, FL 33179

Title: MGRM () Delete
Name: SEGAL, DER
Address: 1660 NE MIAMI GARDENS DR #8
City-St-Zip: MIAMI, FL 33179

Title: MGRM () Delete
Name: KATZAAN, CHAIM
Address: 1660 NE MIAMI GARDENS DR #8
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOFFER, AHARON
Address: 1696 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: MGRM (X) Change () Addition
Name: SEGAL, DORI
Address: 1696 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: MGRM (X) Change () Addition
Name: KATZMAN, CHAIM
Address: 1696 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

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: AHARON SOFFER

MGRM

04/08/2009

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