
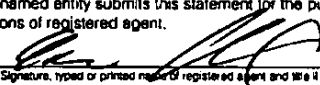



2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90182 001 \*\*\*277.50

<b>DOCUMENT # L07000052003</b> 1. Entity Name ICM FLORIDA INVESTMENT GROUP, LLC					
Principal Place of Business 3485 N. MOORING WAY COCONUT GROVE, FL 33133			Mailing Address 701 BRICKELL AVENUE, STE 3000 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address 3485 N. Mooring Way  Suite, Apt. #, etc.			
City & State		City & State Coconut Grove, FL			
Zip	Country	Zip 33133	Country USA	4. FEI Number 26-0214585	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Eduardo Rodriguez Street Address (P.O. Box Number is Not Acceptable) 3485 N. Mooring Way  City Coconut Grove FL Zip Code 33133		
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 <u>4.19.08</u> <small>Signature, typed or printed name of registered agent and wife if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODRIGUEZ, EDUARDO 3485 N. MOORING WAY COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MONTERO, ARMANDO 3485 N. MOORING WAY COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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:  DATE <u>4.19.08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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04102008 Chg-LLC CR2E083 (12/08)