

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091607

Entity Name: ICON PARTNERS, LLC

FILED  
Aug 18, 2008  
Secretary of State

**Current Principal Place of Business:**

1007 N. FEDERAL HIGHWAY SUITE 330  
FT. LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

**Current Mailing Address:**

1007 N. FEDERAL HIGHWAY SUITE 330  
FT. LAUDERDALE, FL 33304 US

**New Mailing Address:**

FEI Number: 20-0886495      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

FOXX, ARNIE  
6278 N FEDERAL HIGHWAY  
274  
FT. LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

MICHAEL G. CHANDROSS CPA, P.A.  
2300 W SAMPLE RD  
202  
POMAPNO BEACH, FL 33073 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 CHANDROSS

08/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FOXX, ARNIE  
Address: 6278 N FEDERAL HIGHWAY #274  
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: MGRM ( ) Delete  
Name: CHIPANI, ELENA  
Address: 1007 N. FEDERAL HIGHWAY SUITE 330  
City-St-Zip: FT. LAUDERDALE, FL 33304 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FOXX, ARNIE  
Address: 1007 N FEDERAL HIGHWAY, SUITE 330  
City-St-Zip: FT. LAUDERDALE, FL 33304 US

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: ARNIE FOXX

P

08/18/2008

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