

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119038

Entity Name: ICF WEST, LLC

FILED  
Apr 07, 2008  
Secretary of State

**Current Principal Place of Business:**

109 N. POST OAK LANE, SUITE 425  
HOUSTON, TX 77024

**New Principal Place of Business:**

**Current Mailing Address:**

109 N. POST OAK LANE, SUITE 425  
HOUSTON, TX 77024

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

KIRKWOOD, PETER T  
601 BAYSHORE BLVD, SUITE 700  
TAMPA, FL 33606 US

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

BYRD, WADE R  
350 ROYAL PALM WAY  
SUITE 409  
PALM BEACH, FL 33480 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: WADE R BYRD

04/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: ISLA CARROLL FARMS M, ANAGEMENT, LLC  
Address: 109 N POST OAK LANE, SUITE 425  
City-St-Zip: HOUSTON, TX 77024

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: DANIEL A. BREEN,III

TRUS

04/07/2008

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