2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# M06000000363

Entity Name: IC REALTIME, LLC

Current Principal Place of Business:

5811 N. ANDREWS WAY
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

3050 N ANDREWS AVE EXT
POMPANO BEACH, FL 33064

Current Mailing Address:

5811 N. ANDREWS WAY
FT. LAUDERDALE, FL 33309

New Mailing Address:

3050 N ANDREWS AVE EXT
POMPANO BEACH, FL 33064

FEI Number: 20-4130010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE, SUITE 300
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ODIERNA, ROBERT
Address: 5811 N. ANDREWS WAY
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: P ( ) Delete
Name: SAILOR, MATTHEW P
Address: 5811 N ANDREWS WAY
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ODIERNA, ROBERT
Address: 3050 N ANDREWS AVE EXT
City-St-Zip: POMPANO BEACH, FL 33064

Title: P (X) Change ( ) Addition
Name: SAILOR, MATTHEW P
Address: 3050 N ANDREWS AVE EXT
City-St-Zip: POMPANO BEACH, FL 33064

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: ROBERT ODIERNA MGR 04/14/2008

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