

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M07000005827

FILED
Nov 03, 2008
Secretary of State

Entity Name: ICAP CAPITAL MARKETS LLC

Current Principal Place of Business:

1395 BRICKELL AVENUE, SUITE 750
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1395 BRICKELL AVENUE, SUITE 750
MIAMI, FL 33131

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ROSS W SMITH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: MCDERMOTT, STEPHEN P
Address: 1100 PLAZA 5
City-St-Zip: JERSEY CITY, NJ

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: PUPORA, RONALD
Address: 1100 PLAZA 5
City-St-Zip: JERSEY CITY, NJ

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: RHOTEN, J. DOUGLAS
Address: 1100 PLAZA 5
City-St-Zip: JERSEY CITY, NJ

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: ROSS W. SMITH

MR.

11/03/2008

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