FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A29867

1. Entity Name
ICOT CENTER, LTD.

Principal Place of Business	Mailing Address
13630 58TH STREET NORTH SUITE 106 CLEARWATER, FL 33760	13630 58TH STREET NORTH SUITE 106 CLEARWATER, FL 33760

2. Principal Place of Business	3. Mailing Address
13925 58TH ST N	13925 58TH ST N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER FL	City & State: CLEARWATER FL
Zip 33760 Country USA	Zip 33760 Country USA

DUE BY MAY 1, 2003

4. FEI Number 59-3001383 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A.J. MUSIAL, JR.
ONE URBAN CENTRE, SUITE 750
4830 W. KENNEDY BOULEVARD
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name: BETH WOHLWEND
Street Address (P.O. Box Number Is Not Acceptable): 13925 58TH ST N
City: CLEARWATER FL Zip Code 33760

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: [signature] Date: 4/30/03
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. $11,680,032.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	V40352	STREET ADDRESS	
NAME	ICOT CENTER, INC.		
STREET ADDRESS	13630 58TH STREET NORTH	CITY-ST-ZIP	
CITY-ST-ZIP	CLEARWATER, FL 33760		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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CITY-ST-ZIP			

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CR2E003 (10/02)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] BETH WOHLWEND — Date 4/30/03 — Daytime Phone # 727-524-4821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER