


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90138 027 ****50.00

DOCUMENT # L03000005250	
1. Entity Name ICON-JULIAN'S, LLC	

Principal Place of Business 2833 BUTLER BAY DRIVE NORTH WINDERMERE, FL 34786	Mailing Address 2833 BUTLER BAY DRIVE NORTH WINDERMERE, FL 34786
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24063874



2. Principal Place of Business 4401 VINELAND Road Suite, Apt. #, etc. SUITE A-16 City & State ORLANDO FL	3. Mailing Address 4401 VINELAND Rd. Suite, Apt. #, etc. SUITE A-16 City & State ORLANDO FL
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04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1574851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired Zip 32811 Country USA	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAXTER, RICHARD D ESQ
MILLER, SOUTH & MILHAUSEN, P.A.
2699 LEE ROAD, STE. 120
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

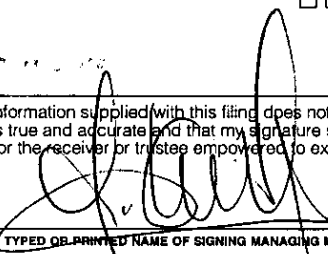
Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, CHARLES H JR 2833 BUTLER BAY DRIVE NORTH WINDERMERE, FL 34786 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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:  J. ZORNILLA Date 4.12.04 (407) 839-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE