

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000005250

1. Entity Name  
 ICON-JULIAN'S, LLC



Principal Place of Business  
 4401 VINELAND ROAD, STE A-16  
 ORLANDO, FL 32811

Mailing Address  
 4401 VINELAND ROAD, STE A-16  
 ORLANDO, FL 32811



**DO NOT WRITE IN THIS SPACE**

03312005No Chg-LLC CR2E083 (10/03)

4. FEI Number  
 42-1574851

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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

**DO NOT WRITE IN THIS SPACE**

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, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

MGR  
 WILSON, CHARLES H JR  
 2833 BUTLER BAY DRIVE NORTH  
 WINDERMERE, FL 34786

1100000344311  
 04/29/05-80131-015 50.00

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

4-27-05

407 879-2001 x 208