

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90010 041 \*\*\*\*50.00

**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



2. Principal Place of Business

4303 Vineland Road  
 Suite, Apt. #, etc.  
 F-12

3. Mailing Address

4303 Vineland Road  
 Suite, Apt. #, etc.  
 F-12

1st MOORE

CR2E083 (10/05)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

42-1574851

Applied For

Not Applicable

Zip

32811

Country

Zip

32811

Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1000 Legion Place

Suite 1200

City

Orlando

FL

Zip Code

32801

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]*

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

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

10. ADDITIONS / CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #