

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000002819

Entity Name: ICON DP FL OWNER POOL 5 GA/FL, LLC

Current Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA
SUITE 2350
CHICAGO, IL 60606

Current Mailing Address:

TWO NORTH RIVERSIDE PLAZA
SUITE 2350
CHICAGO, IL 60606 US

FEI Number: 32-0380134

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MEMBER
Name ICON MEZZ POOL 5 GA/FL, LLC
Address TWO NORTH RIVERSIDE PLAZA
SUITE 2350
City-State-Zip: CHICAGO IL 60606

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ICON MEZZ POOL 5 GA/FL, LLC

MEMBER

03/23/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date