

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000002819

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

**Current Principal Place of Business:**

233 S. WACKER DRIVE, SUITE 4700  
CHICAGO, IL 60606

**Current Mailing Address:**

233 S. WACKER DRIVE, SUITE 4700  
CHICAGO, IL 60606 US

**FEI Number:** NOT APPLICABLE

**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 233 S. WACKER DRIVE, SUITE 4700  
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

03/28/2022

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date