

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007438

**Entity Name:** ICON CHAD 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: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            AUTHORIZED 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: MICHELLE LAPELLE** \_\_\_\_\_

**ASSISTANT SECRETARY    04/06/2017**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date