


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A05000000265</b> 1. Entity Name ICOT ASSOCIATES, LLLP	
---	---

Principal Place of Business 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236	Mailing Address P.O. BOX 49948 SARASOTA, FL 34230-6948
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

**FILED**  
**07 FEB 23 AM 10:05**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02012007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-2293672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  BAND, DAVID S 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236
---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>
---

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>	
--	--

<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>
---

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P99000006398
NAME	FLAMINGO CONSULTING AND MANAGEMENT, INC.
STREET ADDRESS	P.O. BOX 49948
CITY-ST-ZIP	SARASOTA, FL 342306948
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes
--

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>3/4/07</b> <small>Date</small>	 <small>Daytime Phone #</small>
--	--------------------------------------	------------------------------------

STAPLE CHECK HERE