

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 AM 10:48

DOCUMENT # A29867 1. Entity Name ICOT CENTER, LTD.					
Principal Place of Business 13925 58TH ST. N. CLEARWATER, FL 33760			Mailing Address 13925 58TH ST. N. CLEARWATER, FL 33760		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01122005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3001383	
Zip Country USA		Zip Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOHLWEND, BETH 13925 58TH ST. N. CLEARWATER, FL 33760				7. Name and Address of New Registered Agent Name Fred Lueck Street Address (P.O. Box Number is Not Acceptable) 13925 58th Street N. City Clearwater FL Zip Code 33760	
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 3-14-05 <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$11,680,032.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # V40352 NAME ICOT CENTER, INC. STREET ADDRESS 13630 58TH STREET NORTH CITY-ST-ZIP CLEARWATER, FL 33760			STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.					
SIGNATURE: _____ DATE 3-14-05 727 524-4837 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

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