



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

| | | | | | |
|--|--|--|--|--|--|
| LIMITED PARTNERSHIP ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE  Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED MAY -3 PM 5:00 SECRETARY OF STATE | |
| 1. Name of Limited Partnership ICOT LAND, LTD. | | 1a. DOCUMENT # A93000001232 | |  | |
| Mailing Address 47757 U.S. 19 NORTH #350 CLEARWATER FL 34624 | | Principal Office Address 13925 58TH STREET N. CLEARWATER FL 33760 | | 3. Date Formed or Registered 11/29/1993 | |
| 2. Mailing Address 13925 58th St. N. Suite, Apt. #, etc. | | 2a. Principal Office Address Suite, Apt. #, etc. | | 3a. Date of Last Report 04/07/1998 | |
| City & State Clearwater, FL | | City & State | | 4. State or Country of Formation FL | |
| Zip 33760 Pinellas | | Zip Country | | 5a. Capital Contributions as Shown on record. \$950.73 | |
| | | | | 5b. Amount of Capital Contributions in FLORIDA to date. 950.73 | |
| | | | | 6. FEI Number 59-3213460 | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent AGGIES, BERNHARD C/O WESTFALIA REALTY, INC. 13925 58TH STREET N. CLEARWATER FL 34624 | | 10. If changed, new Registered Agent/Office Name Deborah Rogers Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 33760 | |
|--|--|--|--|

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Deborah Rogers DATE 4/29/99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

| | | | |
|--|---|--|--|
| 11. Name(s) of General Partner(s) ICOT CENTER, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 17755 U.S. 19 NORTH, | 11b. City, State & Zip Code CLEARWATER FL 34624 | 11c. Registration/Document Number V40352 99 000002870250-63 -05/11/99-11040-003 ****650.00 ****650.00 |
|--|---|--|--|

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 629, Florida Statutes.

SIGNATURE Marvin J. Slovacek DATE 4/29/99
 Typed or Printed Name of General Partner Signing Form Marvin J. Slovacek, Pres Daytime Telephone Number (727) 535-7999

CR2E003 (8/98)