
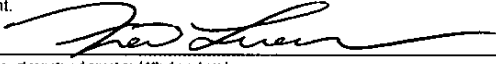



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 23 AM 10:44

DOCUMENT # A93000001232					
1. Entity Name ICOT LAND, LTD.					
Principal Place of Business 13925 58TH STREET NORTH CLEARWATER, FL 33760			Mailing Address 13925 58TH STREET NORTH CLEARWATER, FL 33760		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
	USA		USA	59-3213460	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOHLWEND, BETH 13925 58TH STREET NORTH CLEARWATER, FL 33760				Name Fred Lueck	
				Street Address (P.O. Box Number is Not Acceptable)	
				13925 58th Street N.	
				City	FL Zip Code
Clearwater				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					
Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$950.73			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		STREET ADDRESS		
NAME	ICOT CENTER, INC.		CITY-ST-ZIP		
STREET ADDRESS	13630 58TH STREET NORTH				
CITY-ST-ZIP	CLEARWATER, FL 33760				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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		Daytime Phone #: 727-524-4837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE

FL



01122005 Chg-LP CR2E003 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

100049495731
03/30/05--01050--007 **150.00