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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)

|  |                         |   |                               |
|--|-------------------------|---|-------------------------------|
| DOCUMENT # A93000001232  |                         |    |                               |
| 1. Entity Name<br>ICOT LAND, LTD.  |                         |   |                               |
| Principal Place of Business<br>13630 58TH STREET NORTH<br>SUITE 106<br>CLEARWATER, FL 33760  |                         | Mailing Address<br>13630 58TH STREET NORTH<br>SUITE 106<br>CLEARWATER, FL 33760   |                               |
| 2. Principal Place of Business<br>13925 58TH ST N<br>Suite, Apt. #, etc.   |                         | 3. Mailing Address<br>13925 58TH ST N<br>Suite, Apt. #, etc.  |                               |
| City & State<br>CLEARWATER FL  |                         | City & State<br>CLEARWATER FL   |                               |
| Zip<br>33760   |                         | Country<br>USA  |                               |
| 4. FEI Number<br>59-3213460  |                         | Applied For<br><input type="checkbox"/> Not Applicable  |                               |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |                         |   |                               |
| 6. Name and Address of Current Registered Agent<br>A.J. MUSIAL, JR.,<br>ONE URBAN CENTRE, SUITE 760<br>4830 W. KENNEDY BLVE.<br>TAMPA, FL 33609  |                         | 7. Name and Address of New Registered Agent<br>Name: BETH WOHLWEND<br>Street Address (P.O. Box Number is Not Acceptable):<br>13925 58TH ST N<br>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.<br>SIGNATURE: <i>Beth Wohlwend</i> DATE: 4/30/03   |                         |   |                               |
| 9. Capital Contributions as Shown on record. \$850.73  |                         | 10. Amount of Capital Contributions in FLORIDA to date.   |                               |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><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  |                         | 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   | 20001829579                   |
| STREET ADDRESS   |                         |   | 05/06/03--01065--021 **535.00 |
| CITY - ST - ZIP  |                         |   |                               |
| DOCUMENT #   |                         | STREET ADDRESS  |                               |
| NAME   |                         | CITY - ST - ZIP   |                               |
| STREET ADDRESS   |                         |   |                               |
| CITY - ST - ZIP  |                         |   |                               |
| 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)(i), 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 629, Florida Statutes. |                         |   |                               |
| SIGNATURE: <i>Beth Wohlwend</i>  |                         | BETH WOHLWEND 4/30/03 727-524-4821  |                               |

STAPLE CHECK HERE

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