

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 23 AM 10:43

DOCUMENT # A93000001233

1. Entity Name  
ICOT INCOME PROPERTIES, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

01122005

Chg-LP

CR2E003 (10/03)

4. FEI Number  
59-3213462

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOHLWEND, BETH  
13925 58TH ST N  
CLEARWATER, FL 33760

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

Signature, typed or printed name of registered agent and title if applicable

3-14-05

DATE

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  
NAME ICOT CENTER, INC.  
STREET ADDRESS 13630 58TH STREET NORTH, STE. 106  
CITY-ST-ZIP CLEARWATER, FL 33760

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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STREET ADDRESS

CITY-ST-ZIP

700049495697  
03/30/05--01050--006 \*\*150.00

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 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-14-05

727-524-4837

STAPLE CHECK HERE