

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001233

1. Entity Name
ICOT INCOME PROPERTIES, LTD.



FILED

03 MAY -6 PM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/11/03

Principal Place of Business
13630 58TH STREET NORTH, STE. 106
CLEARWATER FL 33760

Mailing Address
13630 58TH STREET NORTH, STE. 106
CLEARWATER FL 33760



2. Principal Place of Business
13925 58TH ST N
Suite, Apt. #, etc.

3. Mailing Address
13925 58TH ST N
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
CLEARWATER, FL

City & State
CLEARWATER FL

4. FEI Number 59-3213462 Applied For
Not Applicable

Zip 33760 Country USA Zip 33760 Country USA

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

6. Name and Address of Current Registered Agent
A.J. MUSIAL, JR.
ONE URBAN CENTRE, SUITE 750
4830 W. KENNEDY BOULEVARD
TAMPA FL 33609

7. Name and Address of New Registered Agent
Name BETH WOHLWEND
Street Address (P.O. Box Number is Not Acceptable)
13925 58TH ST 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 *Beth Wohlwend* DATE 4/30/03

9. Capital Contributions as Shown on record. \$950.73

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 NORHT, STE. 106		
CITY-ST-ZIP	CLEARWATER FL 33760		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 620, Florida Statutes

SIGNATURE: *Beth Wohlwend* BETH WOHLWEND 4/30/03 727-524-4821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)