


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90107 018 \*\*\*\*50.00

<b>DOCUMENT # L00000002890</b> 1. Entity Name MRDM ICOT, L.L.C.					
Principal Place of Business 4350 W. CYPRESS ST., STE 275 TAMPA, FL 33607			Mailing Address 4139 TARTAN PLACE TAMPA, FL 33624		
2. Principal Place of Business 5019 Whistling Pines Ct. Suite, Apt. #, etc.		3. Mailing Address 5019 Whistling Pines Ct. Suite, Apt. #, etc.			
City & State Wesley Chapel, FL Zip 33544		City & State Wesley Chapel, FL Zip 33544		4. FEI Number 11-9609552 Applied For <input type="checkbox"/> Not Applicable	
Country Pasco		Country Pasco		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  ALAN S. GASSMAN, P.A. 1245 COURT STREET, STE 102 CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MELI, MICHAEL 4139 TARTAN PLACE TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Michael R. Meli 5019 Whistling Pines Ct. Wesley Chapel, FL 33544	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> _____ <b>1/24/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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