2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State
03-20-2002 90005 042 ****50.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000008642

1. Entity Name
ICON INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
8129 SANDPOINTE BLVD. ORLANDO FL 32819	8129 SANDPOINTE BLVD. ORLANDO FL 32819

2. Principal Place of Business	3. Mailing Address
7345 Sand Lake Road	7345 Sand Lake Road
Suite Apt. #, etc.: 405	Suite Apt. #, etc.: 405
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32819 Country: USA	Zip: 32819 Country: USA

4. FEI Number 59-3668633 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER & SOUTH, P.A.
C/O JEFFREY P. MILHAUSEN, ESQ.
2699 LEE ROAD, SUITE 120
WINTER PARK FL 32789

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JAMES, SCOTT R 8129 SANDPOINTE BLVD. ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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.

SIGNATURE: Scott R. James SIGNATURE REQUIRED 3-6-02 407/352-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #