2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

CR2E083 (10/03)

ANTIOAL ILL OIL	
DOCUMENT # L0000009623 I. Entity Name CICO OF ARIZONA, LLC.	
	1000

Principal Place of Business _

Mailing Address

830 DEEP LAGOON LANE FORT MYERS, FL 33919 830 DEEP LAGOON LANE FORT MYERS, FL 33919



DO NOT WRITE IN THIS SPACE

03082005 No. Chg-LLC

4. FEI Number Applied For

87-0660493

5. Certificate of Status Desired

Not Applicable

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIPPER, DAVID E __ 830 DEEP LAGOON LANE FORT MYERS, FL 33919

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the obligat	ions of registered agent.	ng its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
Fi D:	iling Fee is \$50.00 ue by May 1, 2005	en and the second se
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIPPER, DAVID E 830 DEEP LAGOON LANE FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIPPER, BETTY J 830 DEEP LAGOON LANE FORT MYERS, FL 33919	000000261198 03/14/05-80001-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
name Street address City-St-Zip		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby of indicated limited liab	ertify that the information supplied with this filing does not quali- on this report is true and accurate and that my signature shall in cility company or the regainer or trustee empowered to execute	fy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under cath; that I am a managing member or manager of the this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATI