

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000011089

1. Entity Name
ICON RESTAURANTS OF GEORGIA, LLC



Principal Place of Business
4401 VINELAND RD., STE A-16
ORLANDO, FL 32811

Mailing Address
4401 VINELAND RD STE A-16
ORLANDO, FL 32811



03312005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0542594

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ICON HOTEL AND RESTAURANT HOLDINGS, LLC
2833 BUTLER BAY DRIVE NORTH
WINDERMERE, FL 34786

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U000000344304
04/29/05-80131-012 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

4-27-05

407 879-2001 x208