

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000011089

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** ICON RESTAURANTS OF GEORGIA, LLC

**Current Principal Place of Business:**

1042 WHISPERING COVE  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

1042 WHISPERING COVE  
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number:** 82-0542594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PFAFF, JOSEPH A  
1042 WHISPERING COVE  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ICON HOTEL AND RESTAURANT HOLDINGS, LLC  
Address: 2833 BUTLER BAY DRIVE NORTH  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES WILSON

MGRM

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date