


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90138 024 ****50.00

DOCUMENT # L02000011092	
1. Entity Name ICON HOTEL AND RESTAURANT HOLDINGS, LLC	

Principal Place of Business 2833 BUTLER BAY DRIVE NORTH WINDERMERE, FL 34786	Mailing Address 2833 BUTLER BAY DRIVE NORTH WINDERMERE, FL 34786
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2. Principal Place of Business 4401 VINELAND Rd. Suite, Apt. #, etc. Suite A-16 City & State ORLANDO FL Zip 32811 Country USA	3. Mailing Address 4401 VINELAND Rd. Suite, Apt. #, etc. Suite A-16 City & State ORLANDO FL Zip 32811 Country USA
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04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0740156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, SOUTH & MILHAUSEN, P.A. 2699 LEE ROAD, SUITE 120 C/O J. TODD SOUTH, ESQ. 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	

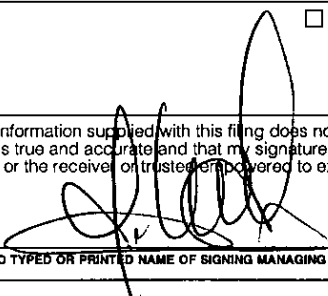
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, CHARLES 2833 BUTLER BAY DRIVE NORTH WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **J. Zornilla** **4.12.04** **(407) 834-2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #