


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000011092 1. Entity Name ICON HOTEL AND RESTAURANT HOLDINGS, LLC	
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Principal Place of Business 4401 VINELAND RD, SUITE A-16 ORLANDO, FL 32811	Mailing Address 4401 VINELAND RD, SUITE A-16 ORLANDO, FL 32811
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DO NOT WRITE IN THIS SPACE



03312005No 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
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILSON, CHARLES 2833 BUTLER BAY DRIVE NORTH WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/29/05-80131-009 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date 4.27.05	Daytime Phone # 407 839-2001 x 208
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