


FILED
Aug 30, 2004 8:00 am
Secretary of State

8/4

DOCUMENT # L03000025241				08-05-2004 90072 024 ****50.00	
1. Entity Name KEYS ICON LLC					
Principal Place of Business 291 FRONT ST KEY WEST, FL 33040		Mailing Address P.O. BOX 0929 KEY WEST, FL 33041			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEL Number 90-0098432		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MATSON, LAURIE J 1209 OLOVIA ST KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name C&T Accounting Services Inc Street Address (P.O. Box Number is Not Acceptable) 1115 Key Plaza City Key West FL Zip Code 33040			
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 Edna M. Stines Edna M Stines bookkeeper 7/1/04 <small>(NOTE: Registered Agent signature required when resigning)</small>					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HOWARD, TODD J 3829 EAGLE AVE KEY WEST, FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Todd Howard 8/26/04 305-292-2268 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					