

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

DOCUMENT # L03000029231

1. Entity Name

ICON RESTAURANTS OF FLORIDA, LLC



Principal Place of Business

4401 VINELAND ROAD, SUITE A-16  
ORLANDO, FL 32811

Mailing Address

4401 VINELAND ROAD, SUITE A-16  
ORLANDO, FL 32811



03312005 No Chg-LLC

CR2E093 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0157274

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 & CARR, P.A.  
C/O RICHARD D. BAXTER, 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  
FERNGREN, ROBERT  
4401 VINELAND ROAD, SUITE A-16  
ORLANDO, FL 32811

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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04/29/05-80131-014 50.00

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 of 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

407 839-9001 x205