

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90017 039 \*\*\*\*50.00

**DOCUMENT # L03000040515**

1. Entity Name  
ICOOD, LLC



Principal Place of Business  
1980 NORTHWEST 25TH STREET  
BOCA RATON, FL 33431-4018

Mailing Address  
1980 NORTHWEST 25TH STREET  
BOCA RATON, FL 33431-4018

**34005786**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-0328597

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

4/19/04  
DATE

Filing Fee is \$50.00  
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME COPE, DANIEL P  
STREET ADDRESS 1980 NORTHWEST 25TH STREET  
CITY-ST-ZIP BOCA RATON, FL 334314018 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME COPE, DANIEL P  
STREET ADDRESS 1980 NORTHWEST 25TH STREET  
CITY-ST-ZIP BOCA RATON, FL 334314018 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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NAME  
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CITY-ST-ZIP ☐ Change ☐ 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:

*[Signature]*

DANIEL P. COPE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/2004  
Date

561-997-4064  
Daytime Phone #