

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011537

Entity Name: ICON PROPERTIES, LLC

FILED
May 23, 2009
Secretary of State

Current Principal Place of Business:

3623 CEDAR CREST DR.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

3623 CEDAR CREST DR.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-2430833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TAYLOR, DEBORAH W
3945 ST JOHNS AVE.
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROCKMAN, ASHLEY T
Address: 3623 CEDAR CREST DR.
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGR () Delete
Name: BROCKMAN, RUSSELL B
Address: 3623 CEDAR CREST DR.
City-St-Zip: JACKSONVILLE, FL 32210 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ASHLEY T. BROCKMAN

MGR

05/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date