


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 27, 2006 8:00 am
Secretary of State

01-20-2006 90049 022 ****50.00

DOCUMENT # L05000073911			
1. Entity Name ICON MORTGAGE PARTNERS, LLC			
Principal Place of Business C/O WALLY WHEATLEY 5824 U.S. HIGHWAY 19 NORTH, SUITE A NEW PORT RICHEY, FL 34652		Mailing Address C/O WALLY WHEATLEY 5824 U.S. HIGHWAY 19 NORTH, SUITE A NEW PORT RICHEY, FL 34652	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3561932		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 ICON MORTGAGE CORPORATION 5824 U.S. HIGHWAY 19 NORTH, SUITE A NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent 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 <u>Wally Wheatley</u> DATE <u>01-13-06</u> <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ICON MORTGAGE CORPORATION 5824 U.S. HIGHWAY 19 NORTH, SUITE A NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.			
SIGNATURE: <u>Wally Wheatley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>01-13-06</u> 727-849-7989 <small>Daytime Phone #</small>	

ATTACHMENT



30001228

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2006

ICON MORTGAGE PARTNERS, LLC
C/O WALLY WHEATLEY
5824 U.S. HIGHWAY 19 NORTH, SUITE A
NEW PORT RICHEY, FL 34652

Subject: **ICON MORTGAGE PARTNERS, LLC**

Reference Number: **L05000073911**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION