2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

9/7/2006-90037-022-850.80-850.00
DIVISION OF CORPORATION

DOCUMENT # L05000076577 1. Entity Name INVESTMENT CAPITAL FINANCING, LLC					06 SEP 14	ORPORATIONS AM 10: 02	S
Principal Place of Business 9545 NORTH FLORIDA AVE. TAMPA, FL 33612		Maiting Address 9545 NORTH FLORIDA AVE. TAMPA, FL 33612			/ Ida en arien kina jena edik at	TV BECH ISBIB BUBL BUNI 1800 III	1511 lil l e bi
2. Principal Place of Business		3. Mailing Address					
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		070320	006 Chg-LLC	CR2E083 (11/05)	
City & State		City & State		4. FEI N	umber	/ ──	pplied For of Applicable
Zip	Country			5. Certif	icate of Status Desired	S5.00 Add Fee Require	
. 6.	Name and Address of Current	Registered Agent		7. Name	and Address of New F	Registered Agent	
HODGES, GEO 905 SHADED V LUTZ, FL 3354	WATER WAY		Street	Address (P.O. Box N	umber is Not Acceptabl	e}	
			City			FL Zip Cod	te
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 . Squature, typed or printed nemial of requisered agents and take if applicable. (NOTE: Registered Agent signature required when remissions) DATE							
Filling Fee is \$50.00 Due by September 6, 2006				,		te check payable to a Department of Stat	e
9.	MANAGINQ MEMBE	RS/MANAGERS	10.		ADDITIONS	/CHANGES	
DILE NAME	• •	☐ Delete	TIFLE	G. Todd Ho	Ante	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	105 Shaded	Water Way L 33549		
THILE		☐ Deleie	TITLE	7476	F 73.34 (☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			NAMÉ STREET ADORESS CITY-ST-ZIP	ļ			
TITLE		∽ □ Deleie	THILE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			NAME . STREET ADDRESS : CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Defete	TITLE			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip				
TITLE		☐ Delete	TITLE	<u> </u>		Change	Addition
NAME STREET ADDRESS CITY-SI-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				ļ
11. I hereby certily 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 storaure shall have the same legal effect as if made under path, that I am a managing member or manager of the limited liability company or the reference per trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
minited liability	is report is true and accurate and company or the receiver or truste	that my signature shall have empowered to execute this	the same legal eff report as required	ect as if made under by Chapter 608, Flo	oath; that I am a manag rida Statutes.	ging member or manage	er of the