


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000078600 1. Entity Name ICON FLORIDA, LLC	
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Principal Place of Business 1340 U.S. HIGHWAY ONE SUITE 102 JUPITER, FL 33469	Mailing Address 1340 U.S. HIGHWAY ONE SUITE 102 JUPITER, FL 33469
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01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3759452	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

MCKINLEY, KEVIN JEAN ESQ
1340 U.S. HIGHWAY ONE
SUITE 102
JUPITER, FL 33469

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000784171
01/16/08-80033-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ICONGROUPE, LLC 2103 46TH AVENUE, SW SEATTLE, WA 98116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINE LYNX, LLC 1340 U.S. HIGHWAY ONE SUITE 102 JUPITER, FL 33469
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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 608, Florida Statutes.

SIGNATURE: *Kevin Jean McKinley* *Kevin Jean McKinley* *Jan 9 2008* *561-741-7075*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #