

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

|   |   |
|---|---|
| <b>DOCUMENT # L05000078600</b><br>1. Entity Name<br>ICON FLORIDA, LLC |  |
|---|---|

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| Principal Place of Business<br>1340 U.S. HIGHWAY ONE<br>SUITE 102<br>JUPITER, FL 33469 | Mailing Address<br>1340 U.S. HIGHWAY ONE<br>SUITE 102<br>JUPITER, FL 33469 |
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01092008 No Chg-LLC      CR2E083 (12/07)

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|---|-------------------------------|
| 4. FEI Number<br>11-3759452   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                               |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>MCKINLEY, KEVIN JEAN ESQ<br>1340 U.S. HIGHWAY ONE<br>SUITE 102<br>JUPITER, FL 33469 |
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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000784171  
01/16/08-80033-025 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ICONGROUPE, LLC<br>2103 46TH AVENUE, SW<br>SEATTLE, WA 98116           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FINE LYNX, LLC<br>1340 U.S. HIGHWAY ONE SUITE 102<br>JUPITER, FL 33469 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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 #