

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116363

FILED
Apr 17, 2008
Secretary of State

Entity Name: ICON FIRST LAND PARTNERS, LLC

Current Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH, SUITE 1000
JACKSONVILLE, FL 32216

New Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH, SUITE 1000
JACKSONVILLE, FL 32216

Current Mailing Address:

3599 UNIVERSITY BLVD. SOUTH, SUITE 1000
JACKSONVILLE, FL 32216

New Mailing Address:

9143 PHILIPS HIGHWAY
SUITE 560
JACKSONVILLE, FL 32256

FEI Number: 26-1441027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA
225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202 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: PARYANI, SHYAM B M.D.
Address: 3599 UNIVERSITY BLVD. SOUTH, SUITE 1000
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR () Delete
Name: WELLS, JOHN M.D.
Address: 3599 UNIVERSITY BLVD. SOUTH, SUITE 1000
City-St-Zip: JACKSONVILLE, FL 32216

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: SHYAM B. PARYANI, M.D.

MGR

04/17/2008

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