2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002041

1. Entity Name
IKON INSURANCE GROUP, L.L.C.

Principal Place of Business	Mailing Address
1101 30TH STREET N.W., SUITE 220 WASHINGTON, DC 20007	1101 30TH STREET N.W., SUITE 220 WASHINGTON, DC 20007

01142004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2126444
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTENS, MICHAEL R
9900 STIRLING RD.
#212
COOPER CITY, FL 33024

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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's signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RAAB, WILLIAM VON
STREET ADDRESS	1101 30TH STREET N.W., SUITE 220
CITY ST ZIP	WASHINGTON, DC 20007
TITLE	MGR
NAME	MARTENS, MICHAEL
STREET ADDRESS	2809 MORNING GLORY LANE
CITY ST ZIP	DAVIE, FL 33328
TITLE	MGR
NAME	STUCKY, EDWARD
STREET ADDRESS	1101 30TH STREET N.W., SUITE 220
CITY ST ZIP	WASHINGTON, DC 20007
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/22/04-80087-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #