

**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.	
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Principal Place of Business 1101 30TH STREET N.W., SUITE 220 WASHINGTON, DC 20007	Mailing Address 1101 30TH STREET N.W., SUITE 220 WASHINGTON, DC 20007
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-LLC

CR2E083 (10/03)

4. FCI 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

**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.	DATE _____ (NOTE: Registered Agent's signature required when re-registering)
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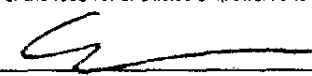
**Filing Fee is \$50.00
Due by May 1, 2004**

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

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04/22/04-80087-007 50.00

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IN THIS SPACE**

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 _____ Displaying Page # _____
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