

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$400.00 LATE FEE.

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**LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999**

**FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

**1. Name and Mailing Address  
of Limited Liability Company** **DOCUMENT # L98000002992**  
Iceberg L.L.C.  
c/o Worldwide Incorporators Ltd.  
2530 Channin Drive  
Wilmington, DE 19810

**1a. Principal Place of Business Address**  
c/o Worldwide Incorporators Ltd.  
2530 Channin Drive  
Wilmington, DE 19810

**2. Principal Place of Business** c/o Worldwide Incorporators Ltd.  
Suite, Apt. #, etc.  
2530 Channin Drive  
City & State  
Wilmington, DE  
Zip 19810 County New Castle

**2a. Mailing Address** c/o Worldwide Incorporators Ltd.  
Suite, Apt. #, etc.  
2530 Channin Drive  
City & State  
Wilmington, DE  
Zip 19810 County New Castle

**3. Date Organized or Qualified** 12/3/98  
**3a. State of Formation** Florida  
**4. FEI Number** ☐ Applied For ☒ Not Applicable  
**5. Date of Last Report**  
**6. Certificate of Status Desi** ☐

**7. Name and Address of Current Registered Agent**  
Corporate Creations Enterprises Inc.  
4521 POA Boulevard, #211  
Palm Beach Gardens, FL 33418

**8. Name and Address of New Registered Agent/Office**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

**SIGNATURE** (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-appointing) **DATE**

10 Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	Mr. David Brehaut	La Connellerie	Sark Channel Islands GY9 0SF

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\*\*\*\*188.75 \*\*\*\*188.75

11. I do 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 annual 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, and that my name appears in Block 10 or on an attachment with an address.

**SIGNATURE** *Janet Toscano/Debbie Toscano Attorney in Fact for D. Brehaut* 4/28/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date 300-528-5940