DOCUMENT # L9900000103 I-CAP, L.L.C.						FILED 01 MAR -5 AM 9: 33			
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLQRIDA				
5706 BENJAMIN CENTER DRIVE. SUITE 116 5706 BENJAMIN CE TAMPA FL 33634 TAMPA FL 33634				Center Drive. Suite 116					
Principal Place of Business     3. Mailing Addres			3 <b>s</b>						
Suite, Apt. #, etc. Suite, Apt. #, e			tc.		DO NOT WRITE IN THIS SPACE				
City & State City & Sta		City & State			4. FEI Numb	59-3570257	. —	plied For t Applicable	]
Zip	Country	Zip ·	Coul	ntry	-5Certificate	of Status Desired -	\$5.00 Add	litional	1
	6. Name and Address of Current Re	gistered Agent		Name	7. Name and	d Address of New Registered	Agent		1
MARTIN, EARL 15211 LAKE MAURINE DRIVE ODESSA FL 33556				Street Address (P.O. Box Number is Not Acceptable)					1
ODESSA	PL 33330			City		F	Zip Code	e	1
SIGNATURE .	Signature, typed or printed name of registered agent and	Fi	ILE NOW!!!	FEE IS \$50.00 to Department of		DATE		<del> </del>	
9.	MANAGING MEMBERS	S/MEMBERS	10.		<u> </u>	ADDITIONS/CHANGE	S		1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, EARL R 5706 BENJAMIN CENTER DRIVE, S TAMPA FL 33634				·	☐ Change	☐ Addition	CR2E083 (11/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dele	NAM Str		. 2	20000382 -03/09/01	□ Change 3 <b>□ 1</b> 2 · 01109	□ Addition	CR2
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>i</b>	□ Dele	NAM Stri		, -		☐ Change	Addition	
indicated	L certify that the information supplied with thi on this report is true and accurate and tha bility company or the receiver or trustee er	t my signature sha	alify for the exe	emption stated in Se e legal effect as if r	nade under oath	n; that I am a managing memi	ertify that the in per or manage	nformation r of the	

MRED

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

813-880-0909 Daytime Phone #

2-27-01 Date