

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002901

Entity Name: ICS DESIGN GROUP, LLC

FILED
Jul 12, 2005
Secretary of State

Current Principal Place of Business:

670 ROCKPORT COURT
MARCO ISLAND, FL 34145

New Principal Place of Business:

305 5TH AVENUE SOUTH
SUITE 206
NAPLES, FL 34102

Current Mailing Address:

670 ROCKPORT COURT
MARCO ISLAND, FL 34145

New Mailing Address:

305 5TH AVENUE SOUTH
SUITE 206
NAPLES, FL 34102

FEI Number: 04-3512479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LIDDELL, WILLIAM
670 ROCKPORT COURT
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

LIDDELL, WILLIAM
488 RICHARDS COURT
MARCO ISLAND, FL 34145 US

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

07/12/2005

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: INTERNATIONAL CONTRA, CTORS SERVICES , INC.
Address: 670 ROCKPORT COURT
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: INTERNATIONAL CONTRA, CTORS SERVICES , INC.
Address: 305 5TH AVENUE SOUTH SUITE 206
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KYMBERLY I CODAIR

CONT

07/12/2005

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