

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 FEB 25 AM 10:25

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE \$ 188.75</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	

1. Name and Mailing Address of Limited Liability Company <b>ICON MANAGEMENT GROUP, LLC</b> 938 KERWOOD CIRCLE OVIEDO FL 32765	<b>DOCUMENT # M97000000514</b>  <i>99-AR CM</i>
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1a. Principal Place of Business Address 938 KERWOOD CIRCLE OVIEDO FL 32765
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2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
08/19/1997	CO
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
91-1801651	
5. Date of Last Report	6. Certificate of Status Desired
03/02/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent <b>WELLS, WILLIAM E II</b> 938 KERWOOD CIRCLE OVIEDO FL 32765
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: center;"><b>FL</b></div>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (Only Registered Agent signature required if member of company)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	WELLS, WILLIAM E	938 KERWOOD CIRCLE	OVIEDO FL

3000002795233-8  
 -03/05/99--01006--003  
 \*\*\*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 *William E Wells* *Managing Partner 3/2/99* *407-377-0720*