2000 UNIFORM BUSINESS REPORT (UBR)

	MENT # M99(000000298					FIL	ED-	,
1. Entity Name INVESTMENT CONCEPTS GROUP, L.L.C.						AL 00	NIB	PM 2: 5	
Principal Place of Business Mailing Address						TALLAH	IASSEF	OF STATE	Ī.A
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WATCHOSS	3A 31301	WATCHOSS ON SISOINS			1 188		== #=		
2 Principal I	Place of Rusiness	3. Mailing Address			_				
2. Principal Place of Business		3. Mailing Address				•		-	-
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS	S SPACE	/
City & State		City & State	City & State		4. FEI Nun	nber		<u> </u>	oplied For
Zip	Country	Zip	Countr	ту	5. Certifica	ate of Status Desired		\$5.00 Add	ditional
	6. Name and Address of Curre	ent Registered Agent	<u> </u>		7. Name a	nd Address of New F	Registered		
DOWOON		٠		Name	أيديد أرايد		-		
BRINSON, JULIAN S 18816 WIMBLETON CIRCLE			-	Street Addres	ss (P.O. Box Num	ber is Not Acceptable	e)		
LUTZ FL	==		ſ						
				City			F	Zip Cod	е
8. The above	e named entity submits this statemen	nt for the purpose of changing it	ts registered	d office or regis	stered agent, or t	ooth, in the State of Fig	orida.		
	e named entity submits this statemen	at for the purpose of changing it	ts registered	d office or regis	stered agent, or t	ooth, in the State of Fi	orida.		
8. The above	e named entity submits this statemen				stered agent, or builted when reinstating)	ooth, in the State of Flo	orida. DATE		
		gent and title if applicable. (NC	OTE: Registered	Agent signature requirements	uired when reinstating)	ooth, in the State of Flo			
		gent and title if applicable. (NC	OTE: Registered	Agent signature requirements	uired when reinstating)	ooth, in the State of Flo			
	Signature, typed or printed name of registered at MANAGING ME	gent and title if applicable. (NO FILE N Make Check P MBERS/MEMBERS	OTE: Registered	Agent signature requirements	uired when reinstating)	ADDITIONS	DATE		
SIGNATURE 9.	Signature, typed or printed name of registered as MANAGING MEI	gent and title if applicable. (NC FILE Make Check P	NOW!!! Fayable to	Agent signalute requirements EE IS \$50.0 Department	uired when reinstating)		DATE	S Change	
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SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/13/00 912.283-7910

Daytime Phone i