## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Jan 13, 2005 08:00 AM DOCUMENT # M99000000298 Secretary of State INVESTMENT CONCEPTS GROUP, L.L.C. Principal Place of Business Mailing Address 1605 SUWANNEE DRIVE 1605 SUWANNEE DRIVE WAYCROSS, GA 31501 WAYCROSS, GA 31501 01112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2444757 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRINSON, JULIAN S DO NOT WRITE 18816 WIMBLETON CIRCLE LUTZ, FL 33549 IN THIS SPACE 8. 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. I am familiar with, and accept the coligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstalling) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM TITLE CANNON, RAY NAME 1605 SUWANNEE DRIVE STREET ADDRESS CITY-ST-ZP WAYCROSS, GA 31501 nne MGRM NAME BRINSON, JULIAN STREET ADDRESS 18816 WUMBLETON CIR CITY-ST-ZIP LUTZ, FL 33549 TITLE NAME STREET ADDRESS DO NOT WRITE GUY-ST-ZIP ппь IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP ППДЕ NAME STREET ADURESS CITY-ST-DIP TITLE

11. I heraby cortify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP