2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2004
Secretary of State

DOCUMENT# L00000009292

Entity Name: INCOL, L.L.C.

Current Principal Place of Business:

20281 EAST COUNTRY CLUB DRIVE, PH 8
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20281 EAST COUNTRY CLUB DRIVE, PH 8
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-1037180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAISDEN, THERREL P.A.
ONE S.E. 3RD AVENUE, SUITE 2400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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 — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	WAGENBERG, SAUL	
Address:	20281 EAST COUNTRY CLUB DRIVE, PH 8	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGR	( ) Delete
Name:	WAGENBERG, REBECCA	
Address:	20281 EAST COUNTRY CLUB DRIVE, PH 8	
City-St-Zip:	AVENTURA, FL 33180	
Title:	MGR	( ) Delete
Name:	WAGENBERG, ALAN	
Address:	1600 S EADS ST APT 237N	
City-St-Zip:	ARLINGTON, VA 22202	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: SAUL WAGENBERG MGR 03/11/2004

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