


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000009292 1. Entity Name INCOL, L.L.C.	
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Principal Place of Business 20281 EAST COUNTRY CLUB DRIVE, PH 8 AVENTURA, FL 33180	Mailing Address 20281 EAST COUNTRY CLUB DRIVE, PH 8 AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE

02282005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1037180	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

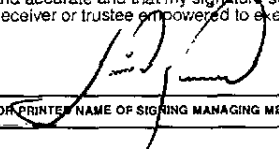
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WAGENBERG, SAUL 20281 EAST COUNTRY CLUB DRIVE, PH 8 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WAGENBERG, REBECCA 20281 EAST COUNTRY CLUB DRIVE, PH 8 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WAGENBERG, ALAN 1600 S EADS ST APT 237N ARLINGTON, VA 22202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/04/05-80009-012 55.00

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IN THIS SPACE**

11. I 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 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.

SIGNATURE:  SAUL WAGENBERG 03-01-05 305-3430640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #