

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L00000009292**

1. Entity Name  
INCOL, L.L.C.



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

**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
65-1037180

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000907492  
05/05/08-80040-013 143.75

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

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SAUL WAGENBERG

04/15/08

305-3430640

Date

Daytime Phone #