

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009292

Entity Name: INCOL, L.L.C.

FILED
Apr 21, 2009
Secretary of State

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 ()

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/MANAGERS:

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: MGR (X) Change () Addition
Name: WAGENBERG, ALAN
Address: 20281 E COUNTRY CLUB DR.. PH8
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/21/2009

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