



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000009769</b>																																																																																																																																																											
1. Entity Name <b>INKA GRAND FLORIDA I, LLC</b>																																																																																																																																																											
Principal Place of Business <b>539 NORTH BIRCH ROAD FORT LAUDERDALE FL 33304</b>			Mailing Address <b>539 NORTH BIRCH ROAD FORT LAUDERDALE FL 33304</b>																																																																																																																																																								
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Zip	Country	Zip	Country	4. FEI Number <b>65-1114949</b>																																																																																																																																																							
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5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																																																								
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1st MOORE CR2E083 (10/04)

4. FEI Number **65-1114949**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent


Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code


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 **2-5-5**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE **2-5-5** DAYTIME PHONE # **305-302-0988**

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