

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000009769

FILED
Oct 30, 2008
Secretary of State

Entity Name: INKA GRAND FLORIDA I, LLC

Current Principal Place of Business:

539 NORTH BIRCH ROAD
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

539 NORTH BIRCH ROAD
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 65-1114949 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KOSLOWSKI, CASEY KARL
539 NORTH BIRCH ROAD
FORT LAUDERDALE, FL 33304 US

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: HERBERT M. PIANIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: P () Delete
Name: KOSLOWSKI, RICHARD
Address: 3962 PROSPECT AVE.
City-St-Zip: SHOREWOOD, WI 53211

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

Title: VP () Delete
Name: KOSLOWSKI, CASEY
Address: 539 N BIRCH RD
City-St-Zip: FORT LAUDERDALE, FL 33304

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

Title: T () Delete
Name: KOSLOWSKI, KARL
Address: N76 W14934 CLARE DR.
City-St-Zip: MENOMONEE FALLS, WI 53051

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

Title: S () Delete
Name: KOSLOWSKI, INGRID
Address: N76 W14934 CLARE DR.
City-St-Zip: MENOMONEE FALLS, WI 53051

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

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: HERBERT M PIANIN

MGR

10/30/2008

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