## 2005 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

DOCUMENT # L02000031684 1. Entity Name INCA APARTMENTS, LLC

Principal Place of Business

INCA APARTMENTS, LLC 1419 E 139TH AVE TAMPA, FL 33612

Mailing Address

INCA APARTMENTS, LLC 14600 NORTH NEBRASKA AVE. TAMPA, FL 33613

## **FILED** Apr 14, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03232005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1142670

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PREMRAJ, ROCHAN 16401 HAŃNA RD LUTZ. FL 33549

20.2,	1	IN 1	HIS SPACE	
8. The above the obligat	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and file if applicable	(NOTE Registered Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2005	3· · · · · · · · · · · · · · · · · · ·		
9.	MANAĞİNÇ MEMBERS/MANAĞERS		The state of the s	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM PREMRAJ, ROCHAN 16401 HANNA RD LUTZ, FL 33549		960900304728 04/14/05-80053-023 <b>50.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PREMRAJ, MAYA 16401 HANNA RD LUTZ, FL 33549			
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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)(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: reneral SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE