FILED
Sep 02, 2003 8:00 am
Secretary of State
07-14-2003 90092 029 ****50.00

7/1
7/
7/1

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031684

55055503

[redacted]

1. Entity Name
INCA APARTMENTS, LLC

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
14600 NORTH NEBRASKA AVE. TAMPA FL 33613	14600 NORTH NEBRASKA AVE. TAMPA FL 33613

3. Principal Place of Business	3. Mailing Address
INCA Apartment LLC	Inca Apartment
Suite, Apt. #, etc. 1409 E. 139th Ave	Suite, Apt. #, etc. 14600 N. Nebraska Ave
City & State Tampa, FL	City & State Tampa, FL
Zip 33612	Zip 33613
County Hillsborough	County Hillsborough

4. FEI Number
57-1426870
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PREMRAJ, ROCHAN 14600 NORTH NEBRASKA AVE. TAMPA FL 33613	Name Rochan Premraj Street Address (P.O. Box Number is Not Acceptable) 16401 Hanna Rd City: Lutz FL Zip Code: 33549

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROCHAN PREMRAJ 16401 HANNA RD LUTZ FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition PRESIDENT 16401 HANNA RD LUTZ FL 33549
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete MAYA PREMRAJ SECRETARY 16401 HANNA RD LUTZ FL.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition SECRETARY 16401 HANNA RD LUTZ FL 33549
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete none	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete none	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/03)

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: Rochan PREMRAJ 7-9-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

SIGNATURE REQUIRED