


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 803000000360
1. Entity Name
1100 LINCOLN ROAD L.P.



Principal Place of Business: 222 DELAWARE AVE, 9TH FLOOR, WILMINGTON DE 19801
Mailing Address: C/O RFR REALTY LLC PO BOX 320545, FAIRFIELD CT 06825



2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip
3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip

1st MOORE CR2E003 (10/05)
4. FEI Number: 20-0305076
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DADE, ROBERT E ESQ
201 ALHAMBRA CIR, STE 601
CORAL GABLES FL 33134

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F03000005308	STREET ADDRESS	
NAME	LINCOLN GP CORP.	CITY-ST-ZIP	
STREET ADDRESS	390 PARK AVE		
CITY-ST-ZIP	NEW YORK NY 10022		
DOCUMENT #		STREET ADDRESS	U00000433336
NAME		CITY-ST-ZIP	02/24/06-80013-021 500.00
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  Abby Rosen 2/13/06 217 308 1000