

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006702

FILED
Apr 10, 2009
Secretary of State

Entity Name: KNR LINCOLN, LLC

Current Principal Place of Business:

1691 MICHIGAN AVE
STE 325
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1691 MICHIGAN AVE
STE 325
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 20-2215489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILBERT-LYTTLE, DEBORAH K
1691 MICHIGAN AVE
STE 325
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

GONZALEZ, ERNESTO J
1691 MICHIGAN AVE
STE 325
MIAMI BEACH, FL 33139 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: ERNESTO J GONZALEZ

04/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SEIKALY, RONY
Address: 1691 MICHIGAN AVE #325
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: MASRI, KARIM
Address: 1691 MICHIGAN AVE #325
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: SCHON, NICOLA
Address: 1691 MICHIGAN AVE #325
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: SIERVO, NICOLA
Address: 1691 MICHIGAN AVE #325
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

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

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

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

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: KARIM MASRI

MGRM

04/10/2009

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