

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90083 010 ****50.00

DOCUMENT # *MO1000002606* ✓
1. Entity Name
G&I III Lincoln Development LLC

956892

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 220 East 42nd Street Suite, Apt. #, etc. 27th Floor City & State New York, NY		3. Mailing Address 220 East 42nd Street Suite, Apt. #, etc. 27th Floor City & State New York, NY	
Zip 10017	Country USA	Zip 10017	Country USA

4. FEI Number
13-4197722

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City Tallahassee FL Zip Code 32301

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.

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Francis X. Tansey 220 East 42nd Street 27th Floor New York, NY 10017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President David Luski 220 East 42nd Street 27th Floor New York, NY 10017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Brian T. Summers 220 East 42nd Street 27th Floor New York, NY 10017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 *Brian T. Summers* Brian T. Summers 4/23/02 212.697.4740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E0835 (12/01)

*BT
GMA*