

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED

Feb 02, 2005 08:00 AM

Secretary of State

JAN 25 2005

DOCUMENT # A98000002273

1. Entity Name

1035 LINCOLN ROAD, LTD.



Principal Place of Business

**C/O JONATHAN FRYD
523 MICHIGAN AVENUE
MIAMI BEACH FL 33139**

Mailing Address

**C/O JONATHAN FRYD
523 MICHIGAN AVENUE
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0878737

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRYD, JONATHAN
523 MICHIGAN AVE.
MIAMI BEACH FL 33139**

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

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

DATE

**9. Capital Contributions
as Shown on record.**

\$990.00

**10. Amount of Capital Contributions
in FLORIDA to date.**

11. FILE NOW!!! Due by May 1, 2005.

See Block 11 instructions for fee info.

**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 # P98000084711
NAME 1035 L.R. CORP.
STREET ADDRESS 523 MICHIGAN AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139**

STREET ADDRESS

CITY-ST-ZIP

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02/02/05-80014-013 141.25**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE