

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**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

**FILED**

**Apr 23, 2007 08:00 AM**  
**Secretary of State**

2007 6 1 4 14



04192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
65-0878737

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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**

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

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000000727226  
05/04/07-80039-003 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/19/07 (305) 670-2948