

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L04000065722**

1. Entity Name  
LINCOLN PALMS PROPERTIES, LLC



FILED  
08 DEC -3 PM 4: 15  
TALLAHASSEE, FLORIDA

Principal Place of Business  
381 PARK AVENUE SOUTH, SUITE 1420  
C/O MARGULES PROPERTIES, INC.  
NEW YORK, NY 10016

Mailing Address  
381 PARK AVENUE SOUTH, SUITE 1420  
C/O MARGULES PROPERTIES, INC.  
NEW YORK, NY 10016



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

10302008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
75-3163329

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
FX MANAGEMENT, INC.  
407 LINCOLN ROAD  
SUITE 600  
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent  
Name CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number is Not Acceptable)  
1201 HANS STREET  
City TALLAHASSEE FL Zip Code 32301-2528

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 11/24/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$238.75**  
After January 1, 2009, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LINCOLN PALMS PROPERTIES, LLC 321 PARK AVENUE SOUTH SUITE 1420 NEW YORK, NY 10016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 381 Park Avenue South, Suite 1420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000138413250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2008

11. 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 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 DATE 11/24/08 DAYTIME PHONE # 212-691-7074, 11



CORPORATION SERVICE COMPANY

LO4000065722

RECEIVED  
08 DEC -3 PM 1:43  
DIVISION OF STATE CORPORATIONS  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 0721000000320  
REFERENCE : 812206 4319480  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$

ORDER DATE : December 3, 2008  
ORDER TIME : 12:50 PM  
ORDER NO. : 812206-005  
CUSTOMER NO: 4319480

FILED  
08 DEC -3 PM 4:15  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: LINCOLN PALMS PROPERTIES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS \_\_\_\_\_