#### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000091719

Entity Name: LINCOLN LAKESIDE PARTNER LLC

## **Current Principal Place of Business:**

401 WILSHIRE BLVD. **SUITE 1070** SANTA MONICA, CA 90401

# **Current Mailing Address:**

401 WILSHIRE BLVD. **SUITE 1070** SANTA MONICA, CA 90401 US

# FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title	AUTHORIZED REPRESENTATIVE	Title	MANAGER
Name	CONGER, TYLER	Name	BRONFMAN, JEREMY
Address	401 WILSHIRE BLVD.	Address	201 MONICA BLVD, STE 550
	SUITE 1070	City-State-Zip:	SANTA MONICA CA 90401
City-State-Zip:	SANTA MONICA CA 90401		

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TYLER CONGER

06/02/2020 AUTHORIZED PERSON

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jun 02, 2020 Secretary of State 9365336857CC

Date

Certificate of Status Desired: No