2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007** DOCUMENT # A0000001255 LINCOLN TWO INDUSTRIAL, LTD. Principal Place of Business Mailing Address 5009 N HIATUS RD. 5009 N HIATUS RD. SUNRISE, FL 33351 SUNRISE, FL 33351 DO NOT WRITE IN THIS SPACE

FILED Mar 26, 2007 08:00 AM Secretary of State

CR2E003 (12/06)



03212007 No Chg-LP

Applied For 4. FEI Number 65-1041439 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

COOPERMAN, STEVEN J 5009 N HIATUS RD. SUNRISE, FL 33351

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 #	P00000075962	
NAME	SARA HOAGIE, INC.	
STREET ADDRESS	5009 N HIATUS RD.	
CITY-ST-ZIP	SUNRISE, FL 33351	•
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		000000679303 04/03/07-80033-011 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING GENERAL PARTNER