DOCUMENT # A0100000190  1. Entity Name						
R.C. LINCOLN FAMILY PARTNERS, LTD.					FILED	
				****	2002 APR 29 AM 10: 26	
Principal Place of Business Mailing Address  39145 PRETTY POND RAOD 39145 PRETTY POND RAOI			n		DIVIJION OF CORPORATIONS	
39145 PRETTY POND RAOD ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540			,		TALLAHASSEE, FLORIDA	
Principal Place of Business     Address     Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002	
City & Stat	City & State	ate		4. FEI Number X Applied For Not Applicable		
Zip Country Zip		Zip	Country		5 Certificate of Status Desired   \$8.75 Additional	
·	6. Name and Address of Current	Registered Agent		1	7. Name and Address of New Registered Agent	
				Name		
LINCOLN, RODNEY D 39145 PRETTY POND RAOD				Street Address (P.O. Box Number is Not Acceptable)		
ZEPHYRHILLS FL 33540						
			•	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.						
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 Con in FLORIDA to date.				butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH					ISTERED 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 #				ET ADDRESS		
NAME STREET ADDRESS	R.C. LINCOLN MANAGEMENT, LLC 39145 PRETTY POND RAOD ZEPHYRHILLS FL 33540				0000055043608	
CITY-ST-ZIP			CITY	-05/10/0201103021 *****141.25 ****141.25		
DOCUMENT # NAME			STRE	ET ADDRESS	***************************************	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
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						

4.25.2002 813 112 1281

Date Date Phone #