

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

DOCUMENT # A02000000622

1. Entity Name  
 LINCOLN FOUR INDUSTRIAL, LTD.



Principal Place of Business  
 6601 N.W. 14TH STREET, SUITE ONE  
 PLANTATION, FL 33313

Mailing Address  
 5009 N. HIATUS ROAD  
 SUNRISE, FL 33351-7904

FILED  
 04 JAN 21 AM 9:11  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

MJM



2. Principal Place of Business  
 5009 N Hiatus Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Sunrise FL

City & State

Zip  
 33351

Country

Zip

Country

01082004

Chg-LP

CR2E003 (10/03)

1/21

4. FEI Number  
 03-0445122

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

COOPERMAN, STEVEN J  
 6601 N.W. 14TH STREET, SUITE ONE  
 PLANTATION, FL 33313

7. Name and Address of New Registered Agent

Name Cooperman Steven J  
 Street Address (P.O. Box Number is Not Acceptable)

5009 N Hiatus Rd

City Sunrise

FL

Zip 33351

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.

1/12/04

DATE

9. Capital Contributions  
 as Shown on record. \$1,000.00

10. Amount of Capital Contributions  
 in FLORIDA to date.

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # P02000045152  
 NAME SARA GOBOTCHIE, INC.  
 STREET ADDRESS 6601 N.W. 14TH STREET, SUITE ONE  
 CITY-ST-ZIP PLANTATION, FL 33313

STREET ADDRESS 5009 N Hiatus Rd  
 CITY-ST-ZIP Sunrise, FL 33351

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP  
 000027313210  
 01/21/04 01015 013 \*\*141.25

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/12/04

Date

9545727410

Daytime Phone #

STAPLE CHECK HERE