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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSI REINSTATEM	C	FLORIDA DEPART Secretary DIVISION OF C	of State		FI E		
DOCUMENT # A18547					2005 AUG -9 P 2: 47		
1. Name of Limited Partnership Lincoln Road Associates Limited Partnership				9	ECRETARY OF	FLORIDA	
				IA	LLANAUUL		
2. Principal Office Address 420 Lincoln Road		3. Mailing Office Address 155 East 55th Street			te Formed or Registered Do Business in Florida	12/14/84	
Suite, Apt. #, etc.	etc. Suite, Apt. #, etc. Suite 5F			Number -2716241	Applied For Not Applicable		
City & State Miami Beach, FL		City & State New York, NY		6. CER	CERTIFICATE OF STATUS DESIRED S8/75 Additional Fee required for a Certificate of Status		
^{zı} ⊧ 33139	Country USA	zip 10022	Country USA		apital Contributions as sh	\$ 2,659,344.	
	8. Name and Address of	urrent Registered Agent		76. ^	7b. Amount of Capital Contributions in FLORIDA to date: \$ 3,309,344.		
Name Richard Siegel					FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52,50 and a maximum of \$437.50, for <u>each year due</u> this office. 2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is definauent</u> .		
Street Address (P.O. Box Number is Not Acceptable) 1441 Maple Forest Drive				in 7 for g			
Suite, Apt. #, Etc.				with			
Clearwater		State Zip Code FL 34624		7a, i	Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental efficavit must be submitted along with a separate and appropriate Bing fee.		
tor the purpose of chan- agent. I am familiar with SIGNATURE (Registered Age	ging its registered office or regist , and accept the obligations of se ant Accepting Appointment)	ered agent, or both, in the State colon 620.192, Florida Statutes	of Florida. Such change	was authorized by	its general partner(s) i heroi	s State of Florida, submits this statement by accept the appointment of registered TE	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						ER BUSINESS ENTITY	
10. Name(s) of Ge	eneral Partner(s)	Address of Each (Do NOT Use Post 0		City	y. State and Zip Code	10a. Registration Document Number	
420 Lincoln Ro	oad, Inc.	155 East 55th	n St. Ste. 5F	New Yor	k, NY 10022	F93000003560	
					087097050	83999542 805022 **7183.75	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true Approximate and that my signature shell provide same legal effects as if made under earth. I further certify that I am a General Partner of the amited partnership, receiver or trustee empowered to exempt this report as required by chapter 520. Florida Statutes.							
SIGNATURE							
Typed or Printed Name of General Partyler Signing FormSACHSTelephone Number 212 753-3232							