


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A18547			
1. Name of Limited Partnership Lincoln Road Associates Limited Partnership			
2. Principal Office Address 420 Lincoln Road		3. Mailing Office Address 155 East 55th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 5F	
City & State Miami Beach, FL		City & State New York, NY	
Zip 33139	Country USA	Zip 10022	Country USA
8. Name and Address of Current Registered Agent			
Name Richard Siegel			
Street Address (P.O. Box Number is Not Acceptable) 1441 Maple Forest Drive			
Suite, Apt. #, Etc.			
City Clearwater		State FL	Zip Code 34624
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s) I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
420 Lincoln Road, Inc.	155 East 55th St. Ste. 5F	New York, NY 10022	F93000003560
200058399542 08/09/05--01005--022 **7183.75			
99-05 de			
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 and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE _____		DATE 8/1/05	
Typed or Printed Name of General Partner Signing Form MARTIN SACHS		Telephone Number 212 753-3232	