A30941

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
L. SELLERS MAR 1 8 2008		
EXAMINER		

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02/27/08--01024--018 **105.00

SECRETARY OF STAT

BMAR IL AM 9: 2

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Lincoln Associates LLC				
(Name of Surv	iving Party)			
The enclosed Certificate of Merger and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Robert U. Goldman				
(Contact Person)				
Robert U. Goldman, Ltd.				
(Firm/Company)				
600 Central Avenue, Suite #365				
(Address)				
Highland Park, IL 60035				
(City, State and Zip Code)				
For further information concerning this matter, please call:				
Wendy Famularo	(Area Code and Daytime Telephone Number)			
(Name of Contact Person)	(Area Code and Daytime Telephone Number)			
Certified copy (optional) \$52.50				
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations				
Clifton Building	P. O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314			



February 29, 2008

ROBERT U. GOLDMAN 600 CENTRAL AVENUE, STE. 365 HIGHLAND PARK, IL 60035

SUBJECT: LINCOLN ASSOCIATES LIMITED PARTNERSHIP

Ref. Number: A30947

We have received your document for LINCOLN ASSOCIATES LIMITED PARTNERSHIP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The plan of merger must be attached/included.

The date the merger is effective under the governing laws of of the surviving party must be included on the document in the third section.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 808A00012796 -

Leslie Sellers Regulatory Specialist II

Certificate of Merger For Florida Limited Partnership or Limited Liability Limited Partnership

The following Certificate of Merger is subn Statutes.	nitted in accordance w	ith s. 620.2108, Florida
FIRST: The exact name, form/entity type, follows:	and jurisdiction for ea	ch merging party are as
Name	<u>Jurisdiction</u>	Form/Entity Type
Lincoln Associates Limited Partnership	Florida	Limited Partnership
Lincoln Associates LLC	Nevada	Limited Liability Company
SECOND: The exact name, form/entity typas follows:	pe, and jurisdiction of	the <u>surviving</u> party are
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Lincoln Associates LLC	Nevada	Limited Liability Company
THIRD: The date the merger is effective u	nder the governing lav	vs of the
surviving party is: February 27, 2008	_•	
(NOTE: If survivor is a Florida limited par		•
<u>partnership</u> , effective date cannot be prior to document is filed by the Florida Department		
note and in an limited liability limited name		

partnership or limited liability limited partnership, effective date shall be as provided in survivor's governing statute.)

FOURTH: The merger was approved by each party as required by its governing law.

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<u>FIFTH:</u> If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.2109(2), F.S., are as follows:

Street address:	600 Central Avenue, Ste. #365	
	Highland Park, IL. 60035	
Mailing address:	600 Central Avenue, Ste. #365	
	Highland Park, IL. 60035	

SIXTH: Other provisions, if any, relating to the merger:

SEVENTH: Signature(s) for Each Party:

(Merger must be signed by all general partners of Florida limited partnerships or limited liability limited partnerships and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s)	Typed or Printed Name of Individual:
Lincoln Associates Limited Partne	rship Weth Who	Robert U. Goldman, VP
		AS Properties Corp., GP
Lincoln Associates LLC	ATRILITADE	Robert U. Goldman, VP
		New Century Investor Services, Inc.,
		Manager

Fees: Filing Fees:

\$52.50 Per Party

Certified Copy:

\$52.50 (Optional)

Certificate of Status: \$8.75 (Optional)

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