


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000001447			
1. Entity Name LNC HOLDINGS, LTD.			
Principal Place of Business 5458 TOWN CENTER RD., SUITE 101 BOCA RATON FL 33486		Mailing Address 5458 TOWN CENTER RD., SUITE 101 BOCA RATON FL 33486	
2. Principal Place of Business		3. Mailing Address	
Suite Apt. #, etc		Suite Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 65-0460393		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKER, HILTON 5458 TOWN CENTER RD., SUITE 101 BOCA RATON FL 33486		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$144,750.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	--

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 #	L99000001479	STREET ADDRESS	
NAME	PATENT TECHNOLOGIES, INC.	CITY - ST - ZIP	
STREET ADDRESS	5458 TOWN CENTER RD., SUITE 101		
CITY - ST - ZIP	BOCA RATON FL 33486		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

U000000135678
04/29/04-80001-010-526.25

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:  **Hilton Becker** **4/13/04** **561-394-6650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE