

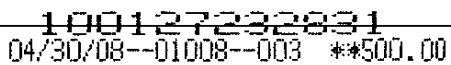


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:47

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 - No P.O. Box # 670 GLADES ROAD		3. Mailing Address 670 GLADES ROAD						
Suite, Apt. #, etc. SUITE 220		Suite, Apt. #, etc. SUITE 220						
City & State BOCA RATON, FL		City & State BOCA RATON, FL						
Zip 33431		Country USA		04102008 Chg-LP CR2E003 (12/06)				
4. FEI Number 65-0460393				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 BECKER, HILTON 5458 TOWN CENTER RD., SUITE 101 BOCA RATON, FL 33486				
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 670 GLADES ROAD, SUITE 220 City BOCA RATON FL Zip Code 33431				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00								
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	670 GLADES ROAD, SUITE 220				
NAME	PATENT TECHNOLOGIES, INC.		CITY-ST-ZIP	BOCA RATON, FL 33431				
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		
CITY-ST-ZIP			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS					
NAME			CITY-ST-ZIP					
STREET ADDRESS			CITY-ST-ZIP					
CITY-ST-ZIP			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS					
NAME			CITY-ST-ZIP					
STREET ADDRESS			CITY-ST-ZIP					
CITY-ST-ZIP			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/25/08 (561)394-6650

Date

Daytime Phone #

STAPLE CHECK HERE