

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013242

1. Entity Name
LINCOLN MALL ASSOCIATES, L.C.

FILED

01 MAY -2 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O MELAND & RUSSIN, P.A.
200 S BISCAYNE BLVD. 2420 1ST UNION FIN CT
MIAMI FL 33131

Mailing Address
C/O MELAND & RUSSIN, P.A.
200 S BISCAYNE BLVD. 2420 1ST UNION FIN CT
MIAMI FL 33131

2. Principal Place of Business
Same AS ABOVE.

3. Mailing Address
Same AS ABOVE

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number *65-1058318*

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MELAND & RUSSIN, P.A.
2420 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

7. Name and Address of New Registered Agent

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.

SIGNATURE *[Signature]* *managing member*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004316200--7
-05/25/01--01005--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Managing Member Robert W. Smith 1605 Bay Road, #401 Miami Beach, FL 33139</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Managing Member Rye-Bar Inc. 19955 N.E. 38th Ct., #2802 Aventura, FL 33180</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert J. Wolfart, managing member *4/26/01* *(305-672-2426)*

Date

Daytime Phone #

0008604 AF

CR2E083 (11/00)