

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90087 002 ****50.00

DOCUMENT # L00000013242

1. Entity Name

LINCOLN MALL ASSOCIATES, L.C.



Principal Place of Business

Mailing Address

C/O MELAND/RUSSIN P.A. 2420 1ST UNION FC
200 SOUTH BISCAYNE BLVD
MIAMI FL 33131

C/O MELAND/RUSSIN P.A. 2420 1ST UNION FC
200 SOUTH BISCAYNE BLVD
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3000

City & State

City & State
Miami, FL

Zip

Country

Zip
33131

Country

U.S.

4. FEI Number 65-1058318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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
Meland Russin Hellinger & Budwick, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3000 Wachovia Financial Center
200 S. Biscayne Blvd.
City
Miami FL Zip Code
33131

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

MARIN MELAND

3/21/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFORTH, ROBERT 1605 BAY ROAD #401 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYE-BAR, INC 19955 NE 38TH CT., #2802 AVENTURA FL 33180	<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

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

Date

Daytime Phone #

ROBERT WOLFORTH
MANAGING MEMBER

4/15/03

705-672-2426

CR2E083 (10/02)

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