

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000020287

1. Entity Name
TOWER LINCOLN PARK, LLC



Principal Place of Business
**2603 B MAITLAND CENTER PARKWAY
MAITLAND, FL 32751**

Mailing Address
**2603 B MAITLAND CENTER PARKWAY
MAITLAND, FL 32751**



01182005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3757041

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEIN, CLIFFORD L
2603 B MAITLAND CENTER PARKWAY
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEIN, CLIFFORD L
STREET ADDRESS	2603-B MAITLAND CENTER PKWY
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	MGRM
NAME	STEIN, LAWRENCE H
STREET ADDRESS	2603-B MAITLAND CENTER PKWY
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	MGRM
NAME	BERMAN, REID S
STREET ADDRESS	2603-B MAITLAND CENTER PKWY
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000003273920
03/23/05-80049-015 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Reid Berman
Reid Berman

3-11-05
3-11-05

Date

409-659-0120
409-659-0120

Daytime Phone #