


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90052 043 *****50.00

DOCUMENT # L02000006879					
1. Entity Name LINCOLN FINANCIAL, LLC					
Principal Place of Business 4001 PONCE DE LEON BLVD. CORAL GABLES, FL 33156			Mailing Address 4001 PONCE DE LEON BLVD. CORAL GABLES, FL 33156		
2. Principal Place of Business		3. Mailing Address 6370 SW 102 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Pinecrest, FL		4. FEI Number 04-3626827	
Zip		Country		Applied For Not Applicable	
Zip 33156		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAEFER, JOHN H 4001 PONCE DE LEON BLVD. CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name - Street Address (P.O. Box Number is Not Acceptable) 6370 SW 102 Street City Pinecrest FL Zip Code 33156		
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 <u>John H. Schaefer</u> <i>John H. Schaefer</i> 4-22-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAEFER, JOHN H 4001 PONCE DE LEON BLVD CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6370 SW 102 Street Pinecrest, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAEFER, PAUL T 4001 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAEFER, THOMAS W 4001 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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: <i>John H. Schaefer</i> John H. Schaefer 4-22-04 305-445-7711 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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