

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90274 028 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000025746

1. Entity Name
LINCOLN ROAD MAGAZINE LLC

Principal Place of Business
**200 SOUTH BISCAYNE BLVD., SUITE 2000
FIRST UNION FINANCIAL CENTER
MIAMI, FL 33131**

Mailing Address
**200 SOUTH BISCAYNE BLVD., SUITE 2000
FIRST UNION FINANCIAL CENTER
MIAMI, FL 33131**

2. Principal Place of Business
**2699 S. Bayshore Dr.
Suite, Apt. #, etc.
7th Floor**

3. Mailing Address
**2699 S. Bayshore Dr.
Suite, Apt. #, etc.
7th Floor**

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33133 USA

Zip Country
33133 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
46-0502044

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HARPER, GEORGE R
200 SOUTH BISCAYNE BLVD., SUITE 2000
FIRST UNION FINANCIAL CENTER
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Corpro, Inc.

Street Address (P.O. Box Number is Not Acceptable)

**2699 S. Bayshore Dr., 7th Floor
City Miami FL Zip Code 33133**

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

**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

**MGR
HERNANDEZ, KEVIN A
200 SOUTH BISCAYNE BLVD., SUITE 2000
MIAMI, FL 33131**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
Hernandez, Kevin A.
2699 S. Bayshore Drive, 7th Floor
Miami, FL 33133**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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 #

786.621.6290

CR2E083 (10/02)