


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000028289
 1. Entity Name
 LINCOLN COLLINS LLC



Principal Place of Business
 C/O BRENT WOLMER, ESQ.
 712 U.S. HIGHWAY ONE, STE. 400
 NORTH PALM BEACH, FL 33408

Mailing Address
 P.O. BOX 13146
 NORTH PALM BEACH, FL 33408-7146

DO NOT WRITE IN THIS SPACE



02102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0537654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 WOLMER, BRENT ESQ.
 COHEN, NORRIS, SCHERER ET AL
 712 US HIGHWAY ONE, STE. 400
 NORTH PALM BEACH, FL 33408

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

1000000230516
 02/15/05-80046-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEVY, SHAUL 5650 SOUTH KINGS HIGHWAY MYRTLE BEACH, SC 29575
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEVY, MEIR 8 E AST 41ST STREET 8TH FL NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ *[Signature]* _____ **2/10/05** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #