



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90020 012 ****50.00

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																																											
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8 East 41st Street 6th Floor Suite, Apt. #, etc.																																													
City & State Zip Country		City & State New York NY Zip Country 10017 NYC		05012006 Chg-LLC CR2E083 (11/05)																																											
4. FEI Number 05-0537654				Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																												
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, 2006		Make check payable to Florida Department of State																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width:15%; padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:55%; padding: 5px;"> MGRM LEVY, SHAUL 5650 SOUTH KINGS HIGHWAY MYRTLE BEACH, SC 29575 </td> <td style="width:10%; padding: 5px; text-align: center;"> <input type="checkbox"/> Delete </td> <td style="width:15%; padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:55%; padding: 5px;"></td> <td style="width:10%; padding: 5px; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> MGRM LEVY, MEIR 8 E AST 41ST STREET 8TH FL NEW YORK, NY 10017 </td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, SHAUL 5650 SOUTH KINGS HIGHWAY MYRTLE BEACH, SC 29575	<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	MGRM LEVY, MEIR 8 E AST 41ST STREET 8TH FL NEW YORK, NY 10017	<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	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	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	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/30/06 212-481-8299 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																															