

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90239 032 \*\*\*138.75

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  
 8 E 41ST STE 6TH FL  
 NEW YORK, NY 10017

60016819

2. Principal Place of Business - No P.O. Box #  
 2800 NW 125th Street  
 Suite, Apt. #, etc.  
 B-2

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Miami FL

City & State

Zip  
 33167

Country

Zip

Country



03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 05-0537654

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
 Name: Shaul Levy  
 Street Address (P.O. Box Number is Not Acceptable): 2800 NW 125th Street  
 City: Miami FL Zip Code: 33167

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] DATE: 3/10/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, SHAUL 2800 NW125TH STREET MIAMI, FL 33167 <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
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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: [Signature] DATE: 3/10/08 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE