


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90150 049 ****50.00

DOCUMENT # L02000028962

1. Entity Name
LINCOLN MICHIGAN, LLC



Principal Place of Business
**2363 N. MERIDIAN AVE.
 MIAMI BEACH, FL 33140**

Mailing Address
**2363 N. MERIDIAN AVE.
 MIAMI BEACH, FL 33140**

24015852

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State

Zip Country



02152004 Chg-LLC CR2E083 (10/03)

4. FEI Number
22-3887664

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WASSERMAN, MARTIN W ESQ.
 960-41ST STREET
 SUITE 401
 MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent

Name **WASSELMAN, MARTIN W, ESQ**

Street Address (P.O. Box Number is Not Acceptable)
**960-41 ST STREET
 SUITE 206**

City **MIAMI BEACH, FL** Zip Code **33140**

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 *Martin W. Wasserman* (MARTIN W. WASSERMAN) DATE **02/21/04**

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

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	RAHMAN, JAVED	1705 SW 86 AVE.	MIAMI, FL 33155	<input type="checkbox"/>
MGR	LIMBALIST, DEDORAH	2363 N. MERIDIAN AVE.	MIAMI BEACH, FL 33140	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	ZIMBALIST, DEBORAH	2363 NORTH MERIDIAN AVE	MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Deborah Zimbalist* Manager DATE **02/21/04** DAYTIME PHONE # **305-672-2323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #