

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90015 022 ****50.00

DOCUMENT # L02000034408

1. Entity Name

LINCOLN GARDEN VILLAS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2363 NORTH MERIDIAN AVE

Suite, Apt. #, etc.

3. Mailing Address

2363 NORTH MERIDIAN AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

56-2308934

Applied For

Not Applicable

Zip

33140

Country

Zip

33140

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARTIN W. WASSERMAN

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

960-41 STREET

#401

City

MIAMI BEACH

FL

Zip Code

33140

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ZIMBALIST, DEDORAH
STREET ADDRESS 960 ARTHUR GODFREY RD #401
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE MGRM
NAME RAHMAN, JAVED
STREET ADDRESS 1705 SW 86th AVE
CITY-ST-ZIP MIAMI FL 33155

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

SIGNATURE:

A. Zimbalist MGRM

3/2/03

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

Date

Daytime Phone #

CR2E083B (12/02)