2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

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

DOCUMENT-# L03000030096

1. Entity Name

LINCOLNI DADK FOLLITIES LLC



FILED Feb 27, 2004 8:00 am Secretary of State 02-27-2004 90196 044 ****50.00

1.30.04

LINCOLN													
Principal Place	e of Busines:	s	Mailing Addres	Mailing Address									
3399 PGA BLVD. SUITE 450 PALM BEACH GARDENS FL 33410 US			SUITE 450	PALM BEACH GARDENS FL 33410			18	1 1 1 1 1 1 1 1 1 1				1 0 11 6 88 1 44 1	
2. Principal Place of Business			3. Mailing Addre	3. Mailing Address									
Suite, Apt. #. etc.			Suite, Apt. #, etc.					MOORE		CR2E08	3 (11/03)		
City & State			City & State	City & State			4. FEI Numl - 57 - 0	oer 4790 :	27		- H	Applied For Not Applicable	
Zìp	Country		Zip	·		5. Certificate of Status D		e of Status De	sired		\$5.00 A		
6. Name and Address of Current Registered Agent 7. Name and Address of New Register											Agent		
					Name _.	Name							
PETER D. CUMMINGS & ASSOCIATES 3399 PGA BLVD. SUITE 450				ES, INC.		Street Address (P.O. Box Number is Not Acceptable)							
		H GARDENS FL 3	3410										
					City					FL	Zip Co	ode	
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 of applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
		•	157	FILE NOW!	!! FEE IS \$50.	no ·		-					
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Make Check Payable to Florida Department of State Due By May 1, 2004													
9.		MANAGING MEME	REDS /MANAGEDS	10.		4-3	ADDI	TIONS //	CHANGES				
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11. I hereby of indicated	certify that the	ne information supplied wort is true and accurate and or the leceiver of trust	ith this filing does not that my signature	qualify for the salah have the sa	exemption stated ame legal effect a	in Secti as if mad	ion 119.07(3 de under oa	S)(i), Florida St th; that I am a	atutes. I a managi	further ce ing memb	rtify that the er or mana	e information ger of the	
limited lia	bility compa	any or the receiver of trust	te e empowered to ex	ecute this repor	t as required by (Chapter	608, Florida	a Statutes.					