


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90039 026 ****50.00

DOCUMENT # L03000032752	
1. Entity Name LAKE LINCOLN, LLC	

Principal Place of Business 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112 US	Mailing Address 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112 US
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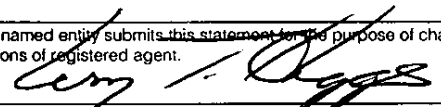
20043017



2. Principal Place of Business 3050 N. Horseshoe Dr. Suite, Apt. #, etc. 105 City & State Naples, FL Zip 34104 Country US	3. Mailing Address 3050 N. Horseshoe Dr. Suite, Apt. #, etc. 105 City & State Naples, FL Zip 34104 Country US
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04172006 Chg-LLC CR2E083 (11/05)

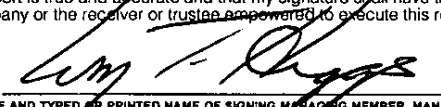
4. FEI Number 20-0230456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGGS, WILLIAM T 2666 AIRPORT RD. S NAPLES, FL 34112	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3050 N. Horseshoe Dr. Suite 105 City Naples FL Zip Code 34104	

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  William T. Higgs DATE 4/27/06
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGGS, WILLIAM T 2666 AIRPORT ROAD SOUTH NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3050 N. Horseshoe Dr. #105 Naples, FL 34104 <input checked="" 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:  William T. Higgs 4/27/06 239-775-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #