2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000032752

1. Entity Name LAKE LINCOLN, LLC



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

3050 N HORSESHOE DR

STE 105

NAPLES, FL 34104 US

Mailing Address

3050 N HORSESHOE DR

STE 105

NAPLES, FL 34104 U



 \Box

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0230456

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGS, WILLIAM T 3050 N HORSESHOE DR STE 105 NAPLES, FL 34104

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 little if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET AODRESS CITY-ST-ZIP	MGRM HIGGS, WILLIAM T 3050 N HORSESHOE DR #105 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000921545 05/15/08-80010-021 138.75

DO NOT WRITE IN THIS SPACE

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

RE:

1:11:00 1. Higgs 4-144

239-175-223

Daytime Phone