2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2005
Secretary of State

DOCUMENT# L03000051007

Entity Name: BF 2624 LINCOLN, LLC

Current Principal Place of Business:

2901 SW 8 ST, STE 204
MIAMI, FL 33135

New Principal Place of Business:

1200 PONCE DE LEON BLVD.
FIRST FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

2901 SW 8 ST, STE 204
MIAMI, FL 33135

New Mailing Address:

1200 PONCE DE LEON BLVD.
FIRST FLOOR
CORAL GABLES, FL 33134

FEI Number: 20-1068463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOSCHETTI, LUIS
2901 SW 8 ST, STE 204
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

BOSCHETTI, LUIS
1200 PONCE DE LEON BLVD.
FIRST FLOOR
CORAL GABLES, FL 33134 US

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.

SIGNATURE: LUIS R BOSCHETTI 09/02/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BOSCHETTI, LUIS
Address: 2901 SW 8 ST, STE 204
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BOSCHETTI, LUIS
Address: 1200 PONCE DE LEON BLVD., FIRST FLOOR
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LUIS R BOSCHETTI MGR 09/02/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date