

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000037200

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** SHUBH HOTELS LINCOLN INVESTMENT, LLC

**Current Principal Place of Business:**

8402 LOOKOUT CIR  
BOCA RATON, FL 33493

**New Principal Place of Business:**

8402 LOOKOUT CIRCLE  
BOCA RATON, FL 33496

**Current Mailing Address:**

C/O 1200 BRICKELL AVE, STE 900  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVE, STE 900  
MIAMI, FL 33131    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR                      ( ) Delete  
Name: BISARI, ATUL  
Address: 8402 LOOKOUT CIR  
City-St-Zip: BOCA RATON, FL 33493

**ADDITIONS/CHANGES:**

Title: MGR                      (X) Change ( ) Addition  
Name: BISARIA, ATUL  
Address: 8402 LOOKOUT CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ATUL BISARIA

MGM

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date