2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 08, 2005 8:00 am Secretary of State

| 1. Entity Name LINCOLN PROPERTIES OF HIGHLAND CITY, LC | | | | | | 07-08-2005 | 5 90089 026 **** | 50.00 |
|---|---------------------------------------|--|--|---|--|--|--|-----------------------------------|
| 124 SOUTH FLORIDA AVENUE, SUITE 204 124 SC | | Mailing Address 124 SOUTH FLORIDA LAKELAND, FL 33801 | 4 SOUTH FLORIDA AVENUE, SUITE 204 | | | Tänre | | 114 26 1 114 1 22 4 |
| Principal Place of Busin | ness | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 06282005 | Chg-LLC | CR2E083 (10/03) | |
| City & State | | City & State | | | 4. FEI Numbe | er _ | | pplied For |
| Zip | Country | Zip | ip Country | | | | 7 3 N □ \$5.00 Ad Fee Require | |
| 6 Name | and Address of Current R | legistered Agent | <u> </u> | ı | 7. Name and | Address of New R | | |
| O. Name | and Address of Carrent H | iogistorea Agent | | Name | 7. 1441110 4110 | Hadrott Of Hotel | iogiotorez rigent | |
| BUNCH, DAVID F 124 SOUTH FLORIE LAKELAND, FL 338 | DA AVENUE, SUITE 2 101 | 204 | • | Street Addr | ess (P.O. Box Numbe | er is Not Acceptable | e) | |
| | | | | City | | | FL Zip Coo | de |
| the obligations of regist | - | the purpose of changing it | s registere | ed office or reg | gistered agent, or bot | h, in the State of Fk | orida. I am familiar with | , and accept |
| | or evelod name al ragistored accol or | ON) Administration (NO | TE: Docietore | d Acent signature to | acuired when reinstating) | | DATE | |
| Filing Fee is | | nd title if applicable. (NO | TE: Registere | d Agent signature ri | aquired when reinstating) | | DATE Ke check payable to a Department of Sta | te |
| Filing Fee Is | s \$50.00 | | TE: Registere | d Agent aignature ri | aquired when reinstating) | | ce check payable to a Department of Sta | te |
| Filing Fee is Due by Septen | s \$50.00 nber 7, 2005 | | 10. TITLE NAM STRE | E / | 4 G R David F. 1 24 5. F/a | ADDITIONS. Bunch | ce check payable to a Department of Star/CHANGES Change | Addition |
| Filing Fee is Due by Septem 9. IIILE NAME STREET ADDRESS | s \$50.00 nber 7, 2005 | RS/MANAGERS | 10. HILLI NAM STRE CITY HILLI NAM STRE | E / !E | MGR David F. 1 245. Flo Lakeland MGRM Justin C 6105 Soul | ADDITIONS Bunch - r: a Au - F- 33 Bunch - wood wa | CHANGES Change Change Change Change | Addition |
| Filing Fee is Due by Septer 9. IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS | s \$50.00 nber 7, 2005 | RS/MANAGERS Delete | 10. IIILLI NAM STRE CITY TITLLI NAM STRE CITY TITLLI NAM STRE | E | MGR David F. 1 245. F/A MGRM Justin C 6105 Sou, Bartow, MGRM 4 GRM 19050 M | Bunch Bunch Bunch Bunch Wood Wa FL 338 Bunch Wood Wa FL 338 | CHANGES Change Change Change Change | Addition Addition |
| Filing Fee in Due by Septem 9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | s \$50.00 nber 7, 2005 | RS/MANAGERS Delete Delete | 10. IIILLI NAM STRE CITY TITLLI NAM STRE CITY TITLLI NAM STRE CITY TITLLI NAM STRE | E EEI ADDRESS EEI ADDRESSS1-ZIP E | MGR David F. 1 245. F/A MGRM Sustin C 6105 Sou, Bartow, MGRM Adam L. | Bunch Bunch Bunch Bunch Wood Wa FL 338 Bunch Wood Wa FL 338 | Change Change Change Change Change Change | Addition Addition |
| Filing Fee is Due by Septer 9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | s \$50.00 nber 7, 2005 | Delete Delete | 10. IHLLI NAM STRE CITY TITLI NAM STRE CITY | E EEE ADDRESS EEE EEE ADDRESS EEE EEE ADDRESS EEE EEE ADDRESS EEE EEE EEE EEE EEE EEE EEE EEE EEE | MGR David F. 1 245. F/2 MGRM Justin C 6105 Sour Bartow, MGRM 19050 M MGRM MGRM MGRM | Bunch Bunch Bunch Bunch Wood Wa FL 338 Bunch Wood Wa FL 338 | Change Change Change Change Change Change | Addition Addition Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is try 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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.