


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

07-08-2005 90089 026 \*\*\*\*50.00

**DOCUMENT # L04000048205**

1. Entity Name  
 LINCOLN PROPERTIES OF HIGHLAND CITY, LC



Principal Place of Business  
 124 SOUTH FLORIDA AVENUE, SUITE 204  
 LAKELAND, FL 33801

Mailing Address  
 124 SOUTH FLORIDA AVENUE, SUITE 204  
 LAKELAND, FL 33801


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

12010000



06282005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-1333913**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BUNCH, DAVID F  
 124 SOUTH FLORIDA AVENUE, SUITE 204  
 LAKELAND, FL 33801

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 7, 2005**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |                                 | 10. ADDITIONS/CHANGES                          |   |
|--|---------------------------------|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *David F. Bunch* **David F. Bunch** 7/5/05 (813) 682-6147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #