


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90033 049 ****50.00

DOCUMENT # L04000048205
 1st Entity Name
 LINCOLN PROPERTIES OF HIGHLAND CITY, LC



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

Mailing Address
 P.O. Box 3648
~~124 SOUTH FLORIDA AVENUE, SUITE 204~~
 LAKELAND, FL ~~33801~~ 33802

DO NOT WRITE IN THIS SPACE

04212006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1333913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUNCH, DAVID F 124 S FLORIDA AVE, SUITE 204 415 S. Kentucky Av. LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUNCH, JUSTIN C 6105 SOURWOOD WAY BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUNCH, ADAM L 19050 MARSHALL FIELD RD LA BELLO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANTOR, POLLY 2244 S OLIVE WAY CENTENNIAL, CO 80112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/24/06 (813) 682-6147**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #