

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90026 004 \*\*\*\*50.00

**DOCUMENT # L04000048205**

1. Entity Name  
**LINCOLN PROPERTIES OF HIGHLAND CITY, LC**




Principal Place of Business Mailing Address  
 15 S KENTUCKY AVE POB 3648  
 LAKELAND, FL 33801 LAKELAND, FL 33802

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
*415 S. Kentucky Ave.*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
*Lakeland FL*

Zip Country Zip Country  
*33801 U.S.A.*



04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For  
 20-1333913 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)  
*415 S. Kentucky Ave*

City *Lakeland* FL Zip Code *33801*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUNCH, DAVID F		NAME		
STREET ADDRESS	415 S KENTUCKY AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUNCH, JUSTIN C		NAME		
STREET ADDRESS	6105 SOURWOOD WAY		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUNCH, ADAM L		NAME		
STREET ADDRESS	19050 MARSHALL FIELD RD		STREET ADDRESS		
CITY-ST-ZIP	LA BELLO, FL		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANTOR, POLLY		NAME		
STREET ADDRESS	3244 S OLIVE WAY		STREET ADDRESS		
CITY-ST-ZIP	CENTENNIAL, CO 80112		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:** *David F Bunch* **4124107** **863-682-6147**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #