

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90205 001 ****55.00

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1. Entity Name
 738 LINCOLN ROAD, LLC

20015940

Principal Place of Business: 4425 PONCE DE LEON BOULEVARD, CORAL GABLES, FL 33146
 Mailing Address: 4425 PONCE DE LEON BOULEVARD, CORAL GABLES, FL 33146



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

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

02212006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
 57-1214000

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, ELLEN ESQ.
 THERREL BAISDEN, P.A./SUNTRUST INTL CENTER
 ONE S.E. 3RD AVENUE, SUITE 2400
 MIAMI, FL

Name: **Brian E. Bomstein, Esq.**
 Street Address (P.O. Box Number is Not Acceptable): **4425 Ponce de Leon Blvd.**
4th Floor

City: **Coral Gables** FL Zip Code: **33146**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

BRIAN E. BOMSTEIN

3/4/06

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRP Delete
 NAME: ERTEL, DAVID
 STREET ADDRESS: 4425 PONCE DE LEON BLVD 4TH FL
 CITY-ST-ZIP: CORAL GABLES, FL 33146

TITLE: V/AS Change Addition
 NAME: Carr, Thomas F
 STREET ADDRESS: 4425 Ponce de Leon Blvd., 4th Flr
 CITY-ST-ZIP: Coral Gables, FL 33146

TITLE: MGRS Delete
 NAME: QUINT, DAVID
 STREET ADDRESS: 4425 PONCE DE LEON BLVD 4TH FL
 CITY-ST-ZIP: CORAL GABLES, FL 33146

TITLE: VP Change Addition
 NAME: Lominac, Eve
 STREET ADDRESS: 4425 Ponce de Leon Blvd., 4th Flr
 CITY-ST-ZIP: Coral Gables, FL 33146

TITLE: MGRS Delete
 NAME: OPPENHEIM, ROBERT
 STREET ADDRESS: 4425 PONCE DE LEON BLVD 4TH FL
 CITY-ST-ZIP: CORAL GABLES, FL 33146

TITLE: VP Change Addition
 NAME: Williams, Marvia
 STREET ADDRESS: 4425 Ponce de Leon Blvd., 4th Flr
 CITY-ST-ZIP: Coral Gables, FL 33146

TITLE: SVP Delete
 NAME: BOMSTEIN, BRIAN E
 STREET ADDRESS: 4425 PONCE DE LEON BLVD 4TH FL
 CITY-ST-ZIP: CORAL GABLES, FL 33146

TITLE: SVP/S Change Addition
 NAME: Bomstein, Brian E
 STREET ADDRESS: 4425 Ponce de Leon Blvd., 4th Flr
 CITY-ST-ZIP: Coral Gables, FL 33146

TITLE: SVPT Delete
 NAME: WEGNER, ROBERT A
 STREET ADDRESS: 4425 PONCE DE LEON BLVD 4TH FL
 CITY-ST-ZIP: CORAL GABLES, FL 33146

TITLE: VP Change Addition
 NAME: Spillis, George
 STREET ADDRESS: 4425 Ponce de Leon Blvd., 4th Flr
 CITY-ST-ZIP: Coral Gables, FL 33146

TITLE: SVPA Delete
 NAME: FISCHER, JOHN H
 STREET ADDRESS: 4425 PONCE DE LEON BLVD 4TH FL
 CITY-ST-ZIP: CORAL GABLES, FL 33146

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 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:

[Handwritten Signature]

3/6/06

305-854-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DAVID QUINT, MGR