## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 14, 2006 8:00 am Secretary of State 03-14-2006 90205 001 \*\*\*\*55.00

DOCUMENT # L0400065340  1. Entity Name 738 LINCOLN ROAD, LLC						03-14-2006 90205 001 ****55.00				5.00
Principal Place	e of Rusiness	Mailing Address					2	001	5940	
4425 PONCE	EDE LEON BOULEVARD ES, FL 33146	4425 PONCE DE LEO CORAL GABLES, FL 3		/ARD						
2. Principal Pl	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02212006	Chg-LLC	CR2E	083 (11/05)	
City & State		City & State				4. FEI Number 57-1214			<del></del>	plied For LApplicable
Zip	Country	Zip	Coun	try		5. Certificate of	f Status Desired	ХХ	\$5.00 Add Fee Required	
	6. Name and Address of Curre	nt Registered Agent				7. Name and A	Address of New Re	gistered	Agent	
ROSE, ELLEN ESQ. THERREL BAISDEN, P.A./SUNTRUST INTL CENTER ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI, FL				Street Ac 4425 4th	en E. Bomstein, Esq.  ddress (P.O. Box Number is Not Acceptable)  Ponce de Leon Blvd.  Floor					
•				Cora	al Ca	hles		Fl	Zip Code	าี 46
the obligati	named entity submits this statement ions of registered adjust. (	W LBRI		ed office or	registere	ed agent, or both	i, in the State of Flori	ida. Tam	,	and accept
	Signature, typed or printed name of registered age	ent and title if applicable. (NC	TE: Registere	d Agent signatur	re required :	when reinstating)		DATE		
Ei Ei	iling Fee is \$50.00						Make	check	payable to	
· · · · ·	ue by May 1, 2006						Florida	Departr	nent of State	•
9.	ue by May 1, 2006 MANAGING MEM	BERS/MANAGERS	10.		<del></del>		Florida ADDITIONS/C		S	
9. IIILE NAME « STREET ADDRESS	we by May 1, 2006  MANAGING MEM MGRP ERTEL, DAVID 4425 PONCE DE LEON BLVD	☐ Delele	THLI NAM STRE	E	V/AS Carr 4425 Cora	. Thomas	ADDITIONS/C	CHANGE	S Change	Addition
9. HILE NAME & STREET ADDRESS CITY-ST-ZIP	MANAGING MEM  MANAGING MEM  MGRP  ERTEL, DAVID  4425 PONCE DE LEON BLVD  CORAL GABLES, FL 33146	☐ Delete	NAM SIRE CITY	E ET ADDRESS -ST-ZIP	Carr	. Thomas	ADDITIONS/C	CHANGE	s □ Change 4th Flr	<b>∑</b> Addilion
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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:

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

305-854-8880

3/6/06

Daytime Phone #