


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-14-2008 90221 003 ***138.15
 L64100065340
 SECRETARY OF STATE,
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 2: 33

DOCUMENT # L04000065340
 1. Entity Name
 738 LINCOLN ROAD, LLC



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

DO NOT WRITE IN THIS SPACE



03042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 57-1214000	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
 BOMSTEIN, BRIAN E ESQ
 4425 PONCE DE LEON BLVD
 4TH FLOOR
 CORAL GABLES, FL 33146

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV CARR, THOMAS F 4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRIGAN, EVE 4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, MARVIN 4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPILLIS, GEORGE 4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT FISCHER, JOHN H 4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33146

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 04/09/08-80050-010 138.75

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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: ML 3/12/08 305 532 0438

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