

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Dec 12, 2008  
Secretary of State**

DOCUMENT# L04000065340

Entity Name: 738 LINCOLN ROAD, LLC

**Current Principal Place of Business:**

407 LINCOLN RD., SUITE 9F  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

407 LINCOLN RD., SUITE 9F  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 57-1214000      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMRAS, MICHAEL A  
407 LINCOLN RD., SUITE 9F  
MIAMI BEACH, FL 33139      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ASV      ( ) Delete  
Name: CARR, THOMAS F  
Address: 4425 PONCE DE LEON BLVD 4TH FL  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP      (X) Delete  
Name: CARRIGAN, EVE  
Address: 4425 PONCE DE LEON BLVD 4TH FL  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP      (X) Delete  
Name: WILLIAMS, MARVIN  
Address: 4425 PONCE DE LEON BLVD 4TH FL  
City-St-Zip: CORAL GABLES, FL 33146

Title: SV      (X) Delete  
Name: BOMSTEIN, BRIAN E  
Address: 4425 PONCE DE LEON BLVD 4TH FL  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP      (X) Delete  
Name: SPILLIS, GEORGE  
Address: 4425 PONCE DE LEON BLVD 4TH FL  
City-St-Zip: CORAL GABLES, FL 33146

Title: SVT      (X) Delete  
Name: FISCHER, JOHN H  
Address: 4425 PONCE DE LEON BLVD 4TH FL  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: P      (X) Change ( ) Addition  
Name: COMRAS, MICHAEL A  
Address: 407 LINCOLN ROAD - SUITE 9F  
City-St-Zip: MIAMI BEACH, FL 33139

Title:      ( ) Change ( ) Addition  
Name:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

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Name:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL A. COMRAS

P

12/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date