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| PICK-UP | MAIT | MAIL |
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| Certified Copies | Certificates | of Status |
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AHASSEE, FLORIDA

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Lincoln Palms Properties, LLC (Name of corporation) |
| DOCUMENT NUMBER: |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Marc Benware (Name of contact person) |
| FX Management, Inc (Firm/Company) |
| 407 Lincoln Road Guite CoG TASSER REL |
| Micami Beach, FL 33139 (City/state and zip code) |
| For further information concerning this matter, please call: |
| (Name of contact person) at (305) 34-1414 (Area code & daytime telephone number) |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 18, 2005

MARC BENWARE FX MANAGEMENT, INC. 407 LINCOLN ROAD SUITE 6G MIAMI BEACH, FL 33139

SUBJECT: LINCOLN PALMS PROPERTIES, LLC

Ref. Number: L04000065722

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ONLIGH OF CORPORATIONS
ONLIGH OF CORPORATIONS

We have received your document for LINCOLN PALMS PROPERTIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 005A00046982

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| agent, or som, in the state of Provide. |
|--|
| 1. The name of the limited liability company is: Lincoln Folms Properties, LIC. |
| 2. The mailing address of the limited liability company is: 381 FACE AVENUE SOLTH. |
| SUPE # 1920. NEW YORK, NY 10016 |
| 1 14000165722 |
| 3. Date of filing/registration in Florida 4. Document number |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: |
| Phillips David Esq. |
| 1800 Sunset Harbour Dr # 1410 Address |
| 111cm Boach D 22129 |
| 6. The name and address of the new registered agent and/or office: |
| TA MAN TO STATE OF THE PARTY OF |
| Name AOT LINCOIN P.O. SUILE # (CC. Florida street address (P.O. Box NOT acceptable) |
| Miami Boon, FL 38139. City, State and Zip |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. |
| (Signature of a member or authorized representative of a member) |
| In i Madala |
| (Printed or typed name of Rignee) |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I pereby confirm that the limited liability company has been notified in writing of this change. |
| A Music de la company de la co |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00 INHS18(10/99)

(Signature of Registered Agent)