

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-02-2006 90042 023 ****50.00

DOCUMENT # L05000118570 1. Entity Name LINCOLN ORLANDO HOLDINGS, LLC																																			
Principal Place of Business 300 SOUTH ORANGE AVE., SUITE 975 ORLANDO, FL 32801		Mailing Address 300 SOUTH ORANGE AVE., SUITE 975 ORLANDO, FL 32801																																	
2. Principal Place of Business 300 South Orange Ave Suite, Apt. #, etc. 1575		3. Mailing Address 300 South Orange Ave Suite, Apt. #, etc. 1575																																	
City & State Orlando, FL Zip 32801		City & State Orlando, FL Zip 32801																																	
4. FEI Number 14-3160654		Applied For ☐ Not Applicable																																	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04242006 Chg-LLC CR2E083 (11/05)																																	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																	
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 reissuing) DATE _____																																			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																	
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP Magnolia Holdings, LLC - Sole Member 300 South Orange Ave. # 1575 Orlando, FL 32801 </td> <td style="width:50%; padding: 2px;"> ☐ Delete </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP Magnolia Holdings, LLC - Sole Member 300 South Orange Ave. # 1575 Orlando, FL 32801	☐ Delete															10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition														
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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: <i>Leigh Ann Everett</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Leigh Ann Everett Assistant Secretary Date: 7-24-06 Daytime Phone: 214-740-4440																																	

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