2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121969

Entity Name: KROME GROVE LINCOLN, LLC

FILED Feb 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O PATRICIA DAWN LINCOLN
8901 N.W. 189TH TERRACE
HIALEAH, FL 33018
US

PATRICIA DAWN LINCOLN
C/O 8661 SW 19TH CT
DAVIE, FL 33324
US

Current Mailing Address: New Mailing Address:

C/O PATRICIA DAWN LINCOLN
8901 N.W. 189TH TERRACE
HIALEAH, FL 33018
US

PATRICIA DAWN LINCOLN
C/O 8661 SW 19TH CT
DAVIE, FL 33324
US

FEI Number: 20-3986038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LINCOLN, PATRICIA D
8901 N.W. 189TH TERRACE
HIALEAH, FL 33018 US
LINCOLN, PATRICIA D
C/O 8661 SW 19TH CT
DAVIE, FL 33324 US

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: PATRICIA DAWN LINCOLN 02/09/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 LINCOLN, PATRICIA D
 Name:
 LINCOLN, PATRICIA D

 Address:
 8901 N.W. 189TH TERRACE
 Address:
 C/O 8661 SW 19TH CT

 City-St-Zip:
 HIALEAH, FL 33018 US
 City-St-Zip:
 DAVIE, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA DAWN LINCOLN MMBR 02/09/2007