

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90057 028 ****55.00

DOCUMENT # L06000011316

1. Entity Name
1409 LINCOLN RD., LLC



Principal Place of Business
1935 WEST AVENUE, SUITE 203
MIAMI BEACH, FL 33139

Mailing Address
1935 WEST AVENUE, SUITE 203
MIAMI BEACH, FL 33139

20000447



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number **20-4257719** Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **X** \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLLNICK, NEIL S ESQ.
2525 PONCE DE LEON BLVD., SUITE 400
MIAMI, FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GREENWALD, ALLEN R
1320 S. DIXIE HIGHWAY, SUITE 781
CORAL GABLES, FL 33148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
739 SW 5TH COURT - SUITE 565
Miami, Florida 33143 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GREENWALD, ANDREA
1935 WEST AVE., SUITE 203
MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Andrea Greenwald

Date

Daytime Phone #

1.8.07