

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000089510

FILED
Jan 24, 2007
Secretary of State**Entity Name:** LINCOLN ROAD BUSINESS ASSOCIATION, LLC**Current Principal Place of Business:**1508 BAY ROAD
SUITE 1081
MIAMI BEACH, FL 33139 US**New Principal Place of Business:****Current Mailing Address:**1508 BAY ROAD
SUITE 1081
MIAMI BEACH, FL 33139 US**New Mailing Address:****FEI Number:** 20-5550760**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROTHERS, STEVEN I
1508 BAY ROAD
SUITE 1081
MIAMI BEACH, FL 33139 US**Name and Address of New Registered Agent:**BROTHERS, STEVEN L
1508 BAY ROAD
SUITE 1081
MIAMI BEACH, FL 33139 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: STEVEN L BROTHERS

01/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM (X) Delete
Name: NAKASHIMA, HIROO JR.
Address: 1508 BAY ROAD SUITE 1081
City-St-Zip: MIAMI BEACH, FL 33139 USTitle: MGRM () Delete
Name: BROTHERS, STEVEN I
Address: 3234 AVALON DRIVE
City-St-Zip: PEABODY, MA 01960**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGM (X) Change () Addition
Name: BROTHERS, STEVEN L
Address: 3234 AVALON DRIVE
City-St-Zip: PEABODY, MA 01960

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: STEVEN L BROTHERS

MGM

01/24/2007

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