

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066637

FILED
Jan 21, 2009
Secretary of State

Entity Name: LINCOLN DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

3700 AIRPORT ROAD
SUITE 401
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

3700 AIRPORT ROAD
SUITE 401
BOCA RATON, FL 33431 US

New Mailing Address:

2101 WEST COMMERCIAL BLVD.
2800
FORT LAUDERDALE, FL 33309 US

FEI Number: 11-3829029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALVAITIS, DEVIN
3700 AIRPORT ROAD
SUITE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

FORMAN, ROBERT S ESQ
2101 WEST COMMERCIAL BLVD.
2800
FORT LAUDERDALE, FL 33309 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: ROBERT S. FORMAN

01/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: KALVAITIS, DEVIN
Address: 3700 AIRPORT ROAD, SUITE 401
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGMR () Delete
Name: SHIMM, KENNETH L
Address: 3700 AIRPORT ROAD, SUITE 401
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT S. FORMAN

AR

01/21/2009

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