

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L98000000075**

1. Entity Name

LINCOLN POINTE HOLDING COMPANY, L.L.C.

Principal Place of Business

**C/O ASB CAPITAL MANAGEMENT
1101 PENNSYLVANIA AVE., N.W.
WASHINGTON DC 20004**

Mailing Address

**C/O ASB CAPITAL MANAGEMENT
1101 PENNSYLVANIA AVE., N.W.
WASHINGTON DC 20004**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2093571**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SKRAM, JOHN P	
STREET ADDRESS	1101 PENNSYLVANIA AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20004	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DOPP, J. MICHAEL	
STREET ADDRESS	1101 PENNSYLVANIA AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20004	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DICKSON, DIANE	
STREET ADDRESS	1101 PENNSYLVANIA AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20004	

TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**Diane L. Dickson, Manager****SIGNATURE REQUIRED**

1/18/02

(202) 383-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED
Jan 24, 2002 8:00 am
Secretary of State**

01-24-2002 90358 036 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)