

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000000645

1. Entity Name

LINCOLN-TRIAD-OSCEOLA I LLC



Principal Place of Business

500 N. AKARD STREET, SUITE 3300
DALLAS TX 75201

Mailing Address

P.O. BOX 1920
DALLAS TX 75221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

75-2870001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LINCOLN-CELEBRATION I LLC
500 N. AKARD STREET, SUITE 3300
DALLAS TX 75201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U00000141683
04/30/04-80021-004 50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TRIAD-CELEBRATION I, LLC
1720 WINDWARD CONCOURSE, SUITE 150
ALPHARETTA GA 30005 ☐ Delete

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

TITLE
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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:

Leigh Ann Everett

Leigh Ann Everett
Assistant Secretary

4-26-04

214-740-4440

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

Date

Daytime Phone *