2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000000645

1. Entity Name
LINCOLN-TRIAD-OSCEOLA I LLC

Principal Place of Business	Mailing Address
500 N. AKARD STREET, SUITE 3300 DALLAS, TX 75201	P.O. BOX 1920 DALLAS, TX 75221

04182005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

U00000332295
04/26/05-80051-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LINCOLN-CELEBRATION I LLC
STREET ADDRESS	500 N. AKARD STREET, SUITE 3300
CITY-ST-ZIP	DALLAS, TX 75201
TITLE	MGRM
NAME	TRIAD-CELEBRATION I, LLC
STREET ADDRESS	1720 WINDWARD CONCOURSE, SUITE 150
CITY-ST-ZIP	ALPHARETTA, GA 30005
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 4-19-05 214-740-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

93614