

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000645

1. Entity Name

LINCOLN-TRIAD-OSCEOLA I LLC



FILED

03 APR 29 PM 5:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

☐ CHECK HERE IF MAKING CHANGES

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

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. 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, 2003**

9. MANAGING MEMBERS/MANAGERS

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

TITLE NAME  
MGRM TRIAD-CELEBRATION I, LLC  
1720 WINDWARD CONCOURSE, SUITE 150  
ALPHARETTA GA 30005 ☐ Delete

TITLE NAME  
☐ Delete

TITLE NAME  
☐ Delete

TITLE NAME  
☐ Delete

TITLE NAME  
☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME  
500017304025  
04/29/03--01050--018 \*☐ Change ☐ Addition

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Change ☐ Addition

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:

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

Leigh Ann Everett

Assistant Secretary 4/28/03 214-740-4440

Date

Daytime Phone #

CR2E083 (10/02)