

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90185 028 ****50.00

DOCUMENT # M0100000726
 1. Entity Name
LINCOLN RETIREMENT SERVICES COMPANY, LLC



Principal Place of Business: **1300 S. CLINTON ST. FT WAYNE IN 46802**
 Mailing Address: **1300 S. CLINTON ST. FT WAYNE IN 46802**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

4. FEI Number: **35-2134263**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

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 _____ (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	
TITLE: P NAME: BOND, ROBERT D STREET ADDRESS: 1300 S CLINTON ST CITY-ST-ZIP: FORT WAYNE IN 46802	<input type="checkbox"/> Delete
TITLE: VP NAME: CLEVENGER, KELLY D STREET ADDRESS: 1300 S CLINTON ST CITY-ST-ZIP: FORT WAYNE IN 46802	<input type="checkbox"/> Delete
TITLE: T NAME: SUMMERS, ELDON J STREET ADDRESS: 1300 S CLINTON ST CITY-ST-ZIP: FORT WAYNE IN 46802	<input type="checkbox"/> Delete
TITLE: S NAME: ROSE, CYNTHIA A STREET ADDRESS: 1300 S CLINTON ST CITY-ST-ZIP: FORT WAYNE IN 46802	<input type="checkbox"/> Delete
TITLE: S NAME: TURPIN, RONALD W STREET ADDRESS: 1300 S CLINTON ST CITY-ST-ZIP: FORT WAYNE IN 46802	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert Bond* **Robert Bond** **March 11, 2004** **(260) 455-2280**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #