2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED May 10, 2005 08:00 AM Secretary of State

	ANNOAL	Šaavatav	w of State			
DOCUMENT # M0100002606 1. Entity Name G&I III LINCOLN DEVELOPMENT LLC				Secretary of State		
Principal Plac	ce of Business	Mailing Address	1	1		
,	2ND ST 27TH FL	220 EAST 42ND ST 27TH FL NEW YORK, NY 10017				
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	1000 1000 1000 1000 1000		·	04252005 No Chg-LLC CR2E08	33 (10/03)	
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				4. FEI Number	Applied For	
				13-4197722	Not Applicable	
		-			5.00 Additional se Required	
	6. Name and Address of Current R	egistered Agent	1		50 110441100	
CORPORATION SERVICE COMPANY			DO NOT WRITE			
1201 HAYS STREET			DO NOT WHILE			
TALLAHASSEE, FL 32301-2525				IN THIS SPACE		
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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						
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						
9.	MANAGING MEMBER	S/MANAGERS		-		
TITLE	PD			Unnnnnnnnnn		
NAME	TANSEY, FRANCIS X		ł	U00000365385 -05/10/05-80009	מת מת המ	
STREET ADDRESS CITY+ST-ZIP	220 E. 42ND ST., 27TH FLOOR				J13 20.00	
	NEW YORK, NY 10017	-				
TITLE	VPD					
NAME STREET ADDRESS	LUSKI, DAVID 220 E. 42ND ST., 27TH FLOOR					
CITY-ST-ZIP	NEW YORK, NY 10017		l			
TITLE	VPD					
NAME	SUMERS, BRIAN		.			
STREET ADDRESS	220 E. 42ND ST., 27TH FLOOR		ł	DA 1107 11101		
CITY-ST-ZIP	NEW YORK, NY 10017			DO NOT WRITE		
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 I hereby of indicated 	certify that the information supplied with the on this report is true and accurate and the	is tiling does not qualify for the exer at my signature shall have the same	nption stated in Sec Liegal effect as if m	ction 119.07(3)(i), Florida Statutes, I further certify ade under gath; that I am a managing member of	that the information	
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.						