

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

DOCUMENT # M01000002606

1. Entity Name  
G&I III LINCOLN DEVELOPMENT LLC



Principal Place of Business  
220 EAST 42ND ST 27TH FL  
NEW YORK, NY 10017

Mailing Address  
220 EAST 42ND ST 27TH FL  
NEW YORK, NY 10017



04252005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4197722

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE PD  
NAME TANSEY, FRANCIS X  
STREET ADDRESS 220 E. 42ND ST., 27TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE VPD  
NAME LUSKI, DAVID  
STREET ADDRESS 220 E. 42ND ST., 27TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE VPD  
NAME SUMERS, BRIAN  
STREET ADDRESS 220 E. 42ND ST., 27TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000365385  
05/10/05-80009-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Francis X. Tansey* 4/25/05 212 697 4740