


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90029 046 ****50.00

DOCUMENT # M05000003482 1. Entity Name GRW LINCOLN LLC	
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Principal Place of Business C/O GREENFIELD PARTNERS LLC 50 NORTH WATER STREET SOUTH NORWALK, CT 00054	Mailing Address %RAND REAL ESTATE SERVICES 265 POST RD WEST WESTPORT, CT 06880
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DO NOT WRITE IN THIS SPACE

	
03082007 No.Chg:LLC CR2E083 (11/05)	
4. FEI Number 20-3035863	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BLUM, SAMUEL S ESQ. 2666 TIGERTAIL AVE., SITE 106 COCONUT GROVE, FL 33133	DO NOT WRITE 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.

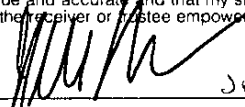
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENFIELD LINCOLN, LLC 50 NORTH WATER STREET SOUTH NORWALK, CT 00054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Member-Mgr Ct Lincoln Do Assoc, LLC RANDEL, JAMES H 265 POST RD WEST WESTPORT, CT 06880 Member GRW Lincoln, LLC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  JAMES RANDEL 4-9-07 (203)226-8727

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #