

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90205 013 ***138.75

DOCUMENT # M05000003482

1. Entity Name
GRW LINCOLN LLC



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

60014938



02192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3035863

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

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	MORM Member-Mgr CT Lincoln Rd Assoc, LLC. RANDEL, JAMES RA. 265 POST RD WEST WESTPORT, CT 06880 Member GRW Lincoln, LLC.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: _____

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

James Randel

Date

2/29/08 (203) 226-8727

Daytime Phone #