2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

DOCUMENT # P03000123254 1. Entity Name LINCOLN ROAD PORTFOLIO MANAGER, INC.					04-29-2005 90237 022 ***150.00					
Principal Place of Business Mailing Address					14008679					
1601 WASHINGTON AVE STE 800 1601 WASHINGTON AVE ST MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139					I (I I I I I I I I I I I I I I I I I I I				ATORE 11 FRAL	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04062005	Chg-P	CR2E	034 (10/03)		
City & State		City & State			4. FEI Numbe 83-037			1	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
Name and Address of Current Registered Agent			Ni	7. Name and Address of New Registered Agent						
RUBIN, SHELLY			Name	Name Zena Dickstein						
1601 WAS	HINGTON AVE STE 800 ACH, FL 33139		Street Address		(P.O. Box Number is Not Acceptable)					
				City FL Zip Code						
	named entity submits this statement for a	he purpose of changing its re	egistered office or	r registere	ed agent, or bot	h, in the State of I	Florida. I an	n familiar with,	and accept	
signature Bacon Charles Zena Dickstein 4/30/05										
SIGNATURE:	Signature, typed or printed name of registered agent an		Dickstein Registered Agent signati	ure required	when reinstating)		DATE	. 20		
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.					00 May Be					
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TITLE	D		11.	DC.	ADDITIONS/		FFICERS AN	ID DIRECTOR	S IN 11	
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	D	IRECTORS	11.	Jeffre	ADDITIONS/	ff Ave., #800	FFICERS AN			
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Steven N. Bjerke

4/26/65 (305) 695-5500