

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 08:00 AM
Secretary of State



DOCUMENT # P98000043475

1. Entity Name

LINCHESTER REALTY CORPORATION

Principal Place of Business

2800 PONCE DE LEON BLVD. #1125
 CORAL GABLES FL 33146

Mailing Address

2800 PONCE DE LEON BLVD. #1125
 CORAL GABLES FL 33146



1st MOORE CR2E034 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0846172

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BREIER, ROBERT G
 2800 PONCE DE LEON BLVD. #1125
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D Delete
 NAME: SILVERMAN, BARRY J
 STREET ADDRESS: 2800 PONCE DE LEON BLVD. #1125
 CITY-ST-ZIP: CORAL GABLES FL 33146

TITLE: D Delete
 NAME: SILVERMAN, JUDY
 STREET ADDRESS: 2800 PONCE DE LEON BLVD #1125
 CITY-ST-ZIP: CORAL GABLES FL 33146

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Add
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Add
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Add
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Add
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Add
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Add
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

1100000492425 Change Add
 04/19/06-80064-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 oath, 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:

Barry Silverman

Dimitri

3/27/06

(305) 305-0026