


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000065722

1. Entity Name
LINCOLN PALMS PROPERTIES, LLC



FILED
08 DEC -3 PM 4: 15
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
381 PARK AVENUE SOUTH, SUITE 1420
C/O MARGULES PROPERTIES, INC.
NEW YORK, NY 10016

Mailing Address
381 PARK AVENUE SOUTH, SUITE 1420
C/O MARGULES PROPERTIES, INC.
NEW YORK, NY 10016



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

10302008 REIN-LLC CR2E101 (1/07)

4. FEI Number
75-3163329

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FX MANAGEMENT, INC.
407 LINCOLN ROAD
SUITE 600
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HANS STREET

City TALLAHASSEE FL Zip Code 32301-2528

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  DATE 11/24/08

Signature, typed or facsimile name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LINCOLN PALMS PROPERTIES, LLC 321 PARK AVENUE SOUTH SUITE 1420 NEW YORK, NY 10016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 381 Park Avenue South, Suite 1420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000138413250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2008

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  DATE 11/24/08 DAYTIME PHONE # 212-691-7074

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



CORPORATION SERVICE COMPANY

L04000065722

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08 DEC -3 PM 1:43

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032019480

REFERENCE : 812206 4319480

AUTHORIZATION : *[Signature]*

COST LIMIT : \$

ORDER DATE : December 3, 2008

ORDER TIME : 12:50 PM

ORDER NO. : 812206-005

CUSTOMER NO: 4319480

FILED
08 DEC -3 PM 4:15
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: LINCOLN PALMS PROPERTIES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS _____