


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000033495 1. Entity Name JEFFERSON LINCOLN DEVELOPMENT LLC	
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Principal Place of Business C/O JENEL MANAGEMENT CORP. 275 MADISON AVENUE, SUITE 702 NEW YORK, NY 11016	Mailing Address C/O JENEL MANAGEMENT CORP. 275 MADISON AVENUE, SUITE 702 NEW YORK, NY 11016
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07032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 37-1451799	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, JAY
USA COMMERCIAL RESIDENTIAL, INC
21406 W DIXIE HWY
AVENTURA, FL 33180

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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: *Jay S Goldman* DATE: 7.17.08

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 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000955968
07/22/08-80013-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUSHEY, JACK 275 MADISON AVE., SUITE 702 NEW YORK, NY 10016
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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: JACK DUSHEY Date: 7.09.08 Daytime Phone #: (212) 889-6405

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