

8/5/ FILED L02000033495
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 11 PM 3:57

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033495

1. Entity Name
JEFFERSON LINCOLN DEVELOPMENT LLC



Principal Place of Business Mailing Address

**C/O MENDEL RESNIK KAISER ET AL
220 EAST 42ND STREET, 20TH FLOOR
NEW YORK NY 10017**

**C/O MENDEL RESNIK KAISER ET AL
220 EAST 42ND STREET, 20TH FLOOR
NEW YORK NY 10017**

2. Principal Place of Business 3. Mailing Address

**JENEL MANAGEMENT CORP.
275 MADISON AVENUE
SUITE 702
NEW YORK NY 10016**

**JENEL MANAGEMENT CORP.
275 MADISON AVENUE
SUITE 702
NEW YORK NY 10016**

4. FEI Number Applied For

37-1451799 Not Applicable

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

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2925**

5505551A

[REDACTED]

[REDACTED]

CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

Name _____

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

City _____ FL Zip Code _____

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 _____ (NOTE: Registered Agent signature required when relinquishing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Mgrm Jaak Dushey 275 Madison Ave, Ste 702 New York NY 10016</i>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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: *Jaak Dushey* **SIGNATURE REQUIRED** Date: *(212) 889-6172*

Jaak Dushey *Aug. 11, 2003* *Managing Member*

CP-02003 (4/03)