


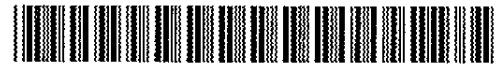
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000000920
 1. Entity Name
 LINCOLN 511 LLC



Principal Place of Business C/O JENEL MANAGEMENT CORP. 275 MADISON AVENUE, SUITE 702 NEW YORK, NY 10016	Mailing Address C/O JENEL MANAGEMENT CORP. 275 MADISON AVENUE, SUITE 702 NEW YORK, NY 10016
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01162004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3613621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 UNITED CORPORATE SERVICES, INC.
 9200 SOUTH DADELAND BLVD.
 SUITE 508
 MIAMI, FL 33156-0000

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

Filing Fee is \$50.00 Due by May 1, 2004

U00000042025
 02/10/04-80006-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUG, CHARLES 1900 SUNSET HARBOUR DR # 2202 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTSARIS, PETER 7 KNOLLS LANE MANHASSET, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUSHEY, ABRAHAM C/O SHOPPERS WORLD LTD 100 BROAD ST ELIZABETH, NJ 07201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUSHEY, JACK 870 UN PLAZA 33E NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMWAY, EZRA 275 MADISON AVE SUITE 702 NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIRSCHHORN, MICHAEL 30 FAIR LANE JERICHO, NY 11753

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 (212) 889-6405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #