

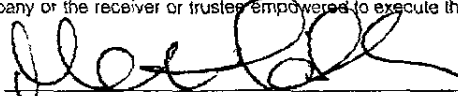


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2006 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156-0000				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	AUG, CHARLES		NAME		
STREET ADDRESS	1900 SUNSET HARBOUR DR # 2202		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BOTSARIS, PETER		NAME		
STREET ADDRESS	7 KNOLLS LANE		STREET ADDRESS		
CITY-ST-ZIP	MANHASSET NY 11030		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DUSHEY, ABRAHAM		NAME		
STREET ADDRESS	C/O SHOPPERS WORLD LTD 100 BROAD ST		STREET ADDRESS		
CITY-ST-ZIP	ELIZABETH NJ 07201		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	DUSHEY, JACK		NAME		
STREET ADDRESS	870 UN PLAZA 33E		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HAMWAY, EZRA		NAME		
STREET ADDRESS	275 MADISON AVE SUITE 702		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10016		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HIRSCHHORN, MICHAEL		NAME		
STREET ADDRESS	30 FAIR LANE		STREET ADDRESS		
CITY-ST-ZIP	JERICHO NY 11753		CITY-ST-ZIP		

11. 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 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 of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

01/23/06