

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L98000000920 1. Entity Name LINCOLN 511 LLC	
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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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number 22-3613621	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLDMAN, JAY S 21406 W. DIXIE HIGHWAY AVENTURA FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME	MGRM AUG, CHARLES 1900 SUNSET HARBOUR DR # 2202 MIAMI BEACH FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME
		STREET ADDRESS CITY-ST- ZIP
TITLE NAME	MGRM BOTSARIS, PETER 7 KNOLLS LANE MANHASSET NY 11030	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	U00000684007 04/06/07-80014-021 50.00
TITLE NAME	MGRM DUSHEY, ABRAHAM C/O SHOPPERS WORLD LTD 100 BROAD ST ELIZABETH NJ 07201	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME
TITLE NAME	MGRM DUSHEY, JACK 870 UN PLAZA 33E NEW YORK NY 10017	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME
TITLE NAME	MGRM HAMWAY, EZRA 275 MADISON AVE SUITE 702 NEW YORK NY 10016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME
TITLE NAME	MGRM HIRSCHHORN, MICHAEL 30 FAIR LANE JERICHO NY 11753	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME
		STREET ADDRESS 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 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: *[Signature]* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE