


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2008 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

DO NOT WRITE IN THIS SPACE



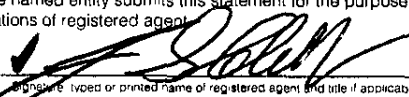
07032008No Chg-LLC CR2E083 (12/07)

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
 GOLDMAN, JAY S
 21406 W. DIXIE HIGHWAY
 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

(NOTE: Registered Agent signature required when reinstating)

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.


U00000955981
 07/22/08-80013-024 138.75

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 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: MICHAEL HIRSCHHORN  DATE: 7.17.08 (212) 889-6405

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