

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L97000001272**

1. Entity Name  
JDH-LINCOLN, L.C.

**FILED**

00 APR 10 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
433-445 LINCOLN ROAD  
MIAMI BEACH FL 33139

Mailing Address  
590 MADISON AVE., 21ST FLOOR  
NEW YORK NY 10022-2524

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0792563**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
GALBUT, ABRAHAM A  
999 WASHINGTON AVENUE  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent  
Name: Michael Conros % The Conros Company of Florida Inc  
Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road, Suite 9F  
City: Miami Beach FL Zip Code: 33139

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.

SIGNATURE: *[Signature]*  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		
TITLE	MGR	<input type="checkbox"/> Delete
NAME	EDELSTEIN, DAVID	
STREET ADDRESS	590 MADISON AVENUE, 21ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022-2524	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800003224128--5	
CITY-ST-ZIP	-04/26/00--01013--004	
	*****50.00 *****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* DATE: 9/10/00 DAYTIME PHONE #: (305) 532-0433

CR2E083 (9/99)