

2000 UNIFORM BUSINESS REPORT (UBR)

AND FILED

00 JUL 17 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000920

1. Entity Name
LINCOLN 511 LLC



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O JENEL MANAGEMENT CORP. 275 MADISON AVENUE NEW YORK NY 10016	Mailing Address C/O JENEL MANAGEMENT CORP. 275 MADISON AVENUE NEW YORK NY 10016
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2. Principal Place of Business Suite, Apt. #, etc. <i>SUITE 702</i>	3. Mailing Address Suite, Apt. #, etc. <i>SUITE 702</i>
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City & State	City & State	4. FEI Number 22-3613621	Applied For Not Applicable
Zip	Country	Zip	Country

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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUG, CHARLES 360 LEXINGTON AVE. NEW YORK NY 10017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003337179--1 -07/26/00--01096--013 *****50.00 *****50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTSARIS, PETER 360 LEXINGTON AVE. NEW YORK NY 10017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUSHEY, ABE 1903 EAST 5TH STREET BROOKLYN NY 11223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUSHEY, JACK 275 MADISON AVE. NEW YORK NY 10016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMWAY, EZRA 905 OCEAN PARKWAY BROOKLYN NY 11230	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1995 EAST 3RD ST BROOKLYN, NY 11223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIRSCHHORN, MICHAEL 30 FAIR LANE JERICHO NY 11753	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Steve Dushey* **S/A OKT/DUSHEY/REQUIRED** Date: *7/12/00* Daytime Phone #: *(212) 889-6405*

CR2E083 (5/00)