# 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 | Mailing Address |
|---|---|
| C/O JENEL MANAGEMENT CORP.<br>275 MADISON AVENUE, SUITE 702<br>NEW YORK NY 10016 | C/O JENEL MANAGEMENT CORP.<br>275 MADISON AVENUE, SUITE 702<br>NEW YORK NY 10016 |

1st MOORE CR2E083 (10/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 22-3613621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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, 2006**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>AUG, CHARLES<br>1900 SUNSET HARBOUR DR # 2202<br>MIAMI BEACH FL 33139 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add<br>U00000410238<br>02/03/06-80028-008 50.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>BOTSARIS, PETER<br>7 KNOLLS LANE<br>MANHASSET NY 11030 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>DUSHEY, ABRAHAM<br>C/O SHOPPERS WORLD LTD 100 BROAD ST<br>ELIZABETH NJ 07201 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>DUSHEY, JACK<br>870 UN PLAZA 33E<br>NEW YORK NY 10017 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>HAMWAY, EZRA<br>275 MADISON AVE SUITE 702<br>NEW YORK NY 10016 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>HIRSCHHORN, MICHAEL<br>30 FAIR LANE<br>JERICHO NY 11753 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |

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

**SIGNATURE:** 01/23/06