## L98000000920

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(Address)			
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PICK-UP WAIT MAIL			
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02/15/06--01032--008 \*\*/5.00

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Lincoln 511 LLC (Name of L	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning to	this matter to the following:	
Jay S. Goldman (Name of Person)	TOO FEB 15 PH 4: 46	
USA Commercial-Residential, Inc. (Firm/Company)	SET TO PH H. H.	
Lincoln 511 LLC		
(Address)		
Aventura, Florida 33180		
(City/State and Zip Code)		
For further information concerning this matter	er, please call:	
Cristina Moinelo	at (305 ) 494-0944	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followin	ng amount:	
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## - STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of se liability company submits the fol agent, or both, in the State of Flo	ections 608.416 or 608.508, Fi lowing statement in order to c rida.	lorida Statutes, the undersigned limited hange its registered office or registered
1. The name of the limited liabili	ty company is: Lincoln 511 LLC	
2. The mailing address of the lim	ited liability company is: C/o	Jenel management Corp, 275 Madisor
Avenue 702, New York, New Yo	ork 10016	
1/31/06	L9	800000920
3. Date of filing/registration in F	lorida 4.	Document number
5. The name of the registered age Florida Department of State:	nt and the registered office add	ress as shown on the records of the
Unite	d Corporation Services,	nc
	Name	
9200 South Dadeland Blvd., Suite 508		
	Address	200
Miami	i, Florida 33156	
	City, State and Zip	
6. The name and address of the ne	ew registered agent and/or offic	2006 FEB 15 PM 4: 46 SECKNIASSEE, FLORID SECKNIASSEE, FLORID SEC
Jay S	. Goldman	
	Name	
21406 W. Dixie Highway 温量 ち		
Floric	da street address (P.O. Box NO	Γ acceptable)
Avent	<del></del>	
,	City, State and Zip	
confirmed that after the change o and the business office of the reg liability company, it is hereby co-	r changes are made, the Florida istered agent will be identical. nfirmed that the change(s) was/ ibility company or as otherwise	of the State of Florida, it is hereby street address of the registered office Or, in the case of a Florida limited were authorized by an affirmative vote provided in the articles of organization
Sphature of a member or authorized repre	sentative of a member)	
or a member of a authorized repre	gondary of a monocy	
Jay S. Goldman		
(Printed or typed name of signee)		
I hereby accept the appointment comply with the provisions of all and I am familiar with and accep Chapter 608, F.S. Or, if this doc address, I hereby confirm that the	as registered agent and agree to statules relative to the proper of the obligations of my position ument is being filed to merely relimited liability company has	to act in this capacity. I further agree to and complete performance of my duties, as registered agent as provided for in eflect a change in the registered office been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)