

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98000000920</b> 1. Entity Name <b>LINCOLN 511 LLC</b>	
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Principal Place of Business <b>C/O JENEL MANAGEMENT CORP. 275 MADISON AVENUE, SUITE 702 NEW YORK NY 10016</b>	Mailing Address <b>C/O JENEL MANAGEMENT CORP. 275 MADISON AVENUE, SUITE 702 NEW YORK NY 10016</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number <b>22-3613621</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>GOLDMAN, JAY S 21406 W. DIXIE HIGHWAY AVENTURA FL 33180</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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City	<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

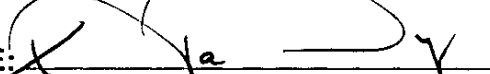
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

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

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CITY-ST-ZIP	JERICO NY 11753	CITY-ST-ZIP

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 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:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE