

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000920

Entity Name: LINCOLN 511 LLC

FILED  
Feb 09, 2009  
Secretary of State

**Current Principal Place of Business:**

C/O JENEL MANAGEMENT CORP.  
275 MADISON AVENUE, SUITE 702  
NEW YORK, NY 10016

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JENEL MANAGEMENT CORP.  
275 MADISON AVENUE, SUITE 702  
NEW YORK, NY 10016

**New Mailing Address:**

FEI Number: 22-3613621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOINELO, CRISTINA D  
16375 N.E. 18TH AVENUE, SUITE 325  
CBA REALTY & MANAGEMENT CORP  
NORTH MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AUG, CHARLES  
Address: 1900 SUNSET HARBOUR DR # 2202  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: BOTSARIS, PETER  
Address: 7 KNOLLS LANE  
City-St-Zip: MANHASSET, NY 11030

Title: MGRM ( ) Delete  
Name: DUSHEY, ABRAHAM  
Address: C/O SHOPPERS WORLD LTD 100 BROAD ST  
City-St-Zip: ELIZABETH, NJ 07201

Title: MGRM ( ) Delete  
Name: DUSHEY, JACK  
Address: 870 UN PLAZA 33E  
City-St-Zip: NEW YORK, NY 10017

Title: MGRM ( ) Delete  
Name: HAMMWAY, EZRA  
Address: 275 MADISON AVE SUITE 702  
City-St-Zip: NEW YORK, NY 10016

Title: MGRM ( ) Delete  
Name: HIRSCHHORN, MICHAEL  
Address: 30 FAIR LANE  
City-St-Zip: JERICO, NY 11753

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL HIRSCHHORN

MGRM

02/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date