


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

04-09-2007 90342 024 ****50.00

DOCUMENT # L98000002383
 1. Entity Name
LINCOLN 845 LLC



Principal Place of Business Mailing Address
C/O JENEL MANAGEMENT CORP **C/O JENEL MANAGEMENT CORP**
275 MADISON AVE SUITE 702 **275 MADISON AVE SUITE 702**
NEW YORK NY 10016 **NEW YORK NY 10016**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **22-3616443** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
GOLDMAN, JAY S
21406 W. DIXIE HIGHWAY
AVENTURA FL 33180

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, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LINCOLN 845 MANAGING MEMBER CORPORATION 275 MADISON AVE. SUITE 702 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	<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	<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	<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	<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 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: _____ **(212) 889-6405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

30007105

Partner List

L9800000 2383

Name LINCOLN 845 LLC
C/O: JENEL MANAGEMENT CORP

I.D. Number 22-3616443

Partner Number	Partner's Name, Address, and ZIP Code	Partner's Identification Number	Profit/Loss Ratio
10	845 LINCOLN MANAGING MEMBER CORPORATION, C/O:JENEL MGMT 275 MADISON AVE, SUITE 702 NEW YORK, NY 10016	20-0647869	.010000000
11	ESTATE OF CHARLES AUG C/O:JED DALLEK,GRASSI & CO CPA'S 2001 MARCUS AVE, SUITE S-265 NEW YORK, NY 11042	13-7548483	.026739726

ATTACHMENT

30007105

Partner List # L980000 2383

Name LINCOLN 845 LLC

I.D. Number 22-3616443

C/O: JENEL MANAGEMENT CORP

Partner Number	Partner's Name, Address, and ZIP Code	Partner's Identification Number	Profit/Loss Ratio
1	JACK DUSHEY 870 UN PLAZA, 33E NEW YORK, NY 10017	092-34-0080	.030000000
2	SAMMY DUSHEY 944 PARK AVE, UNIT 12 NEW YORK, NY 10028	055-54-8374	.080000000
3	DAVID DUSHEY 1020 PARK AVE, 15A NEW YORK, NY 10028	055-54-9313	.080000000
4	ABRAHAM DUSHEY C/O: SW GROUP LLC 9 EAST 40TH ST, MEZZANINE NEW YORK, NY 10016	096-40-5521	.200000000
5	EZRA HAMWAY C/O: JENEL MANAGEMENT CORP 275 MADISON AVE, SUITE 702 NEW YORK, NY 10016	101-26-0984	.200000000
6	ALAN MAHANA 2030 EAST 3RD ST BROOKLYN, NY 11223	065-62-2169	.200000000
7	MICHAEL HIRSCHHORN 30 FAIR LANE JERICHO, NY 11753	087-56-2861	.040000000
8	CHARLES AUG C/O: JED DALLEK, GRASSI & CO CPA'S 2001 MARCUS AVE, SUITE S-265 NEW YORK, NY 11042	075-30-5657	.053260274
9	PETER BOTSARIS 7 KNOLLS LANE MANHASSET, NY 11030	057-64-5333	.080000000