


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000006460	
1. Entity Name 845 LINCOLN MANAGING MEMBER CORPORATION	

Principal Place of Business C/O JENEL MANAGEMENT 275 MADISON AVE NEW YORK, NY 10016	Mailing Address C/O JENEL MANAGEMENT 275 MADISON AVE NEW YORK, NY 10016
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DO NOT WRITE IN THIS SPACE



07032008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0647869	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GOLDMAN, JAY
USA COMMERCIAL RESIDENTIAL INC
21406 W. DIXIE HWY
AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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 Jay S. Goldman DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUSHEY, JACK C/O JENEL MANAGEMENT, 275 MADISON AVE NEW YORK, NY 10016
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK DUSHEY Date _____ Daytime Phone # (212) 889-6405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR