

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000006460

1. Entity Name
845 LINCOLN MANAGING MEMBER CORPORATION



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

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



07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0647869

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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
Signature typed in printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

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
DUSHEY, JACK
STREET ADDRESS
C/O JENEL MANAGEMENT, 275 MADISON AVE
CITY-ST-ZIP
NEW YORK, NY 10016

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07/22/08-80010-024 150.00

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(212) 889-6405