2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# P03000006460

Entity Name: 845 LINCOLN MANAGING MEMBER CORPORATION

Current Principal Place of Business:

C/O JENEL MANAGEMENT
275 MADISON AVE
NEW YORK, NY 10016

New Principal Place of Business:

Current Mailing Address:

C/O JENEL MANAGEMENT
275 MADISON AVE
NEW YORK, NY 10016

New Mailing Address:

FEI Number: 20-0647869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: CRISTINA D. MOINELO 02/09/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DUSHEY, JACK
Address: C/O JENEL MANAGEMENT, 275 MADISON AVE
City-St-Zip: NEW YORK, NY 10016

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O ( ) Change (X) Addition
Name: DUSHEY, DAVID
Address: 1020 PARK AVENUE, 15A
City-St-Zip: NEW YORK, NY 10028

Title: O ( ) Change (X) Addition
Name: HIRSCHHORN, MICHAEL
Address: 30 FAIR LANE
City-St-Zip: JERICHO, NY 11753

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HIRSCHHORN O 02/09/2009
Electronic Signature of Signing Officer or Director Date