

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017341 AT

**DOCUMENT # B00000000084**



1. Entity Name  
**LINCOLN AT DELANEY SQUARE, L.P.**

FILED  
03 APR 29 AM 10: 36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1505 FEDERAL STREET  
DALLAS TX 75201**

Mailing Address  
**P.O. BOX 1920  
DALLAS TX 75221**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

**DUPLICATE BY MAY 1, 2003**

4. FEI Number **75-2870111**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

9. Capital Contributions as Shown on record. **\$750,000.00**

10. Amount of Capital Contribution in FLORIDA to date. **\$9,587,500**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **B99000000325**  
NAME **LINCOLN PROPERTY CO. NO. 2345 LTD. PTNRSHIP**  
STREET ADDRESS **500 N. AKARD, #3300**  
CITY-ST-ZIP **DALLAS TX 75201**

STREET ADDRESS  
CITY-ST-ZIP **100017333351**

DOCUMENT # **M00000000570**  
NAME **USPM DELANEY, LLC**  
STREET ADDRESS **600 PEACHTREE, #4100**  
CITY-ST-ZIP **ATLANTA GA 30308-2216**

STREET ADDRESS  
CITY-ST-ZIP **04/29/03--01035--015 \*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Dennis Streit,**  
VP/IAS

Date **4/24/03** Daytime Phone # **214-740-4440**

CR2E003 (10/02)

SAMPLE SHEET HERE