

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 26 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000170
 1. Entity Name
 LINCOLN HARRIS LLC 92 946 D

Principal Place of Business Mailing Address
 1505 FEDERAL ST. PO BOX 1920
 DALLAS TX 75201 DALLAS TX 75221-1920

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **75-2800507** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

500003249395--4
 -05/11/00--01118--015
 *****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THE HARRIS GROUP OF CAROLINAS, INC.	
STREET ADDRESS	4201 CONGRES ST., ROTUNDA SUITE 175	
CITY - ST - ZIP	CHARLOTTE NC 28209	
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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: *[Signature]* **SIGNATURE REQUIRED** K. E. Mooter
 VICE President **4-14-00 214-740-4440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)