


40956

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 843716</b> 1. Entity Name <b>LINCOLN PROPERTY COMPANY</b>	
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Principal Place of Business <b>1505 FEDERAL STREET P.O. BOX 1920 DALLAS TX 75221</b>	Mailing Address <b>P.O. BOX 1920 DALLAS TX 75221</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **75-1656521** ☐ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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. I am familiar with, and accept the obligations of registered agent.

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

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p>
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	POGUE, MACK	
STREET ADDRESS	1505 FEDERAL STREET	
CITY-ST-ZIP	DALLAS, TX 00000	

TITLE	VST	<input type="checkbox"/> Delete
NAME	DAVIS, NANCY A	
STREET ADDRESS	1505 FEDERAL STREET	
CITY-ST-ZIP	DALLAS, TX 00000	

TITLE	V	<input type="checkbox"/> Delete
NAME	JACKS, DAN	
STREET ADDRESS	1505 FEDERAL STREET	
CITY-ST-ZIP	DALLAS TX	

TITLE	V	<input type="checkbox"/> Delete
NAME	DUVALL, WILLIAM C.	
STREET ADDRESS	1505 FEDERAL STREET	
CITY-ST-ZIP	DALLAS TX	

TITLE	AS	<input type="checkbox"/> Delete
NAME	EVERETT, LEIGH ANN	
STREET ADDRESS	1505 FEDDERAL STREET	
CITY-ST-ZIP	DALLAS TX	

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

U00000544725 ☐ Change ☐ Addition  
05/11/06-80048-012 150.00

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Leigh Ann Everett* **Leigh Ann Everett**  
**Assistant Secretary** 24-06 214-740-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR