

2002 UNIFORM BUSINESS REPORT (UBR)

0017094 AT

DOCUMENT # **A00000000567** **92392 KT**

FILED

02 APR 26 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
250 PARK AVENUE, LTD., LLLP

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

Mailing Address
**P.O. BOX 1920
DALLAS TX 75201**

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 **75-2870474**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$829,637.77**

10. Amount of Capital Contributions in FLORIDA to date. **829,637.77**

11. MAKE CHECK PAYABLE TO 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 #	B00000000099		STREET ADDRESS	
NAME	LINCOLN-WINTER PARK, LTD.		CITY-ST-ZIP	
STREET ADDRESS	500 N. AKARD STREET, SUITE 3300			
CITY-ST-ZIP	DALLAS TX 75201			
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
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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]* **Leigh Ann Everett** **Asst. Secretary** **4/10/02** **(214) 740-4440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)