


FILE ON OR BEFORE : DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership		1a. DOCUMENT # A13126	
LINCOLN ISLAND ASSOCIATES NO. 1, LIMITED			
Mailing Address 2700 Sanders Road Prospect Heights, IL 60070		Principal Office Address 2700 Sanders Road Prospect Heights, IL 60070	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Formed or Registered 09/10/1982	5a. Capital Contributions as Shown on record. \$24,461,655.35
3a. Date of Last Report 12/19/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$24,461,655.35
4. State or Country of Formation FLORIDA	
6. FEI Number 75-1843929	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) H I HARRIS HEND VENTURE FOUR, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 424 KNIGHTS RUN AVE.	11b. City, State & Zip Code TAMPA, FL 33602-5714	11c. Registration/ Document Number F90358
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE 12-21-98

Typed or Printed Name of General Partner Signing Form

ROBERT G. HEINLE

Daytime Telephone Number

(908) 781-3375

CR2E003 (8/98)