

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED**

96 DEC 26 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**

1. Name of Limited Partnership

1a. DOCUMENT #  
**A13753**

**LINCOLN PROPERTY COMPANY NO. 502, LTD.**



Mailing Address

1505 FEDERAL  
P. O. BOX 1920  
DALLAS TX 75221

Principal Office Address

1505 FEDERAL  
P. O. BOX 1920  
DALLAS TX 75221

3. Date Formed or Registered

01/04/1983

5a. Capital Contributions as Shown on record

**\$3.00**

3a. Date of Last Report

12/20/1995

5b. Amount of Capital Contributions in FLORIDA to date

**3.00**

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

75-1717023

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$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

10a. Pursuant to the provisions of sections 620 101.1 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)

**POGUE, MACK**

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**1505 FEDERAL ST.**

11b. City, State & Zip Code

**DALLAS TX**

11c. Registration/Document Number

**200002048732--6  
-01/07/97--01122--022  
\*\*\*\*191.25 \*\*\*\*191.25**

**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

*J. J. Macdonald*

**J. J. MACDONALD  
ATTORNEY-IN-FACT  
FOR MACK POGUE**

DATE **11-1-96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number **(214) 740-4440**

CR2E003 (6/96)