




FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 DEC 26 AM 9:29</p> 	
1. Name of Limited Partnership LINCOLN PROPERTY COMPANY NO. 600, LTD.		1a. DOCUMENT # A15319			
Mailing Address 1505 FEDERAL P.O. BOX 1820 DALLAS TX 75221-1820		Principal Office Address 1505 FEDERAL P.O. BOX 1820 DALLAS TX 75221-1820		3. Date Formed or Registered 09/19/1983 5a. Capital Contributions 2013.09 5b. Amount of Capital Contributions in Florida to date. 2013.09	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL 6. FEI Number 75-1908544 <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 LINCOLN PROPERTY COMPANY 14499 N. DALE MABRY HWY., SUITE 201 TAMPA FL 33618				10. If changed, new Registered Agent/Office Name: 600002394456--8 Street Address (P.O. Box Number is Not Acceptable): 01/08/98--01089--005 Suite, Apt. #, etc.: ****156.25 ****156.25 City: FL Zip Code:	
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) MACK POGUE, INC. POGUE, DAVID B GRUEBBEL, R T		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 500 NORTH AKARD STREE 500 NORTH AKARD STREE P.O. BOX 16148		11b. City, State & Zip Code DALLAS TX 75201 DALLAS TX 75201 TAMPA FL 33687	
				11c. Registration/Document Number F93000005864 	
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 by me. 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 <i>J. J. MacDonald</i>		J. J. MACDONALD ATTORNEY-IN-FACT FOR MACK POGUE		DATE <i>12-1-97</i>	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number (214) 740-4440			

CR2E003 (6/97)