

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 26 AM 9:28



1. Name of Limited Partnership

**1a. DOCUMENT #
A19425**

LINCOLN PROPERTY COMPANY NO. 1074, LTD.

Mailing Address

**P.O. BOX 1820
1505 FEDERAL STREET
DALLAS TX 75221**

Principal Office Address

**P.O. BOX 1820
1505 FEDERAL STREET
DALLAS TX 75221**

3. Date Formed or Registered

03/20/1985

3a. Date of Last Report

12/26/1996

4. State or Country of Formation

FL

6. FEI Number

75-2021487

7. Certificate of Status Desired

☐ Applied For
☐ Not Applicable

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions
8790.65
9590.65

5b. Amount of Capital Contributions in FLORIDA to date:
9590.65

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**CT 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 620.1051 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)

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

11b. City, State & Zip Code

**11c. Registration/
Document Number**

MACK POGUE, INC.

KERSEY, JAMES W.

VACCARO, GARY A.

3300 LINCOLN PLAZA, 5

255 S. ORANGE AVE #15

ONE HARBOUR PLACE #99

DALLAS TX 75201

ORLANDO FL

TAMPA FL

F93000005864

100002394111-4

-01/08/98--01080--007

******205.89 ****205.89**

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 I had personally signed it. 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

Janelle J. MacDonald

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

DATE

**12-1-97
(214) 740-4440**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)