

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

JT 1074

FILED

98 DEC 31 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A19425
LINCOLN PROPERTY COMPANY NO. 1074, LTD.	

Mailing Address P.O. BOX 1920 1505 FEDERAL STREET DALLAS TX 75221	Principal Office Address P.O. BOX 1920 1505 FEDERAL STREET DALLAS TX 75221
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 03/20/1985	5a. Capital Contributions as Shown on record. \$9,590.65
3a. Date of Last Report 12/26/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$9590.65
4. State or Country of Formation FL	
6. FEI Number 75-2021487	<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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
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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.	3300 LINCOLN PLAZA, 5	DALLAS TX 75201	F93000005864
KERSEY, JAMES W.	255 S. ORANGE AVE #15	ORLANDO FL	
VACCARO, GARY A.	ONE HARBOUR PLACE #99	TAMPA FL	

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\*\*\*\*155.88 \*\*\*\*155.88

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 Linda Bess-Cade DATE 12/2/98  
**Linda Bess-Cade**  
**Attorney-in-Fact**  
**For Mack Pogue**  
 Daytime Telephone Number (214) 740-4440

CR2E003 (8/98)