

2001 UNIFORM BUSINESS REPORT (UBR)

0015295 AF

DOCUMENT # A19425

1. Entity Name

LINCOLN PROPERTY COMPANY NO. 1074, LTD.

ST 91074

FILED

01 MAY 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

RAJH

Principal Place of Business P.O. BOX 1920 1505 FEDERAL STREET DALLAS TX 75221	Mailing Address P.O. BOX 1920 1505 FEDERAL STREET DALLAS TX 75221
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 75-2021487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$9,590.65	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000005864 MACK POGUE, INC. 3300 LINCOLN PLAZA, 500 N. AKARD DALLAS TX 75201
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KERSEY, JAMES W. 255 S. ORANGE AVE #1550 ORLANDO FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	VACCARO, GARY A. ONE HARBOUR PLACE #990 TAMPA FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS CITY-ST-ZIP	800004422328--9 -06/15/01--01057--005 *****14.70 *****14.70
STREET ADDRESS CITY-ST-ZIP	800004422328--9 -06/15/01--01057--006 *****141.25 *****141.25
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Leigh Ann Everett* Leigh Ann Everett, Asst. Secretary 4-10-2001 214-740-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)