

2002 UNIFORM BUSINESS REPORT (UBR)

001701 AT

DOCUMENT # **A19425** 91074 JT

1. Entity Name
LINCOLN PROPERTY COMPANY NO. 1074, LTD.

FILED

02 APR 26 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--|--|
| 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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **75-2021487** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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|--|--|---|
| 9. Capital Contributions as Shown on record. \$9,590.65 | 10. Amount of Capital Contributions in FLORIDA to date. 9590.65 | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|--|--|---|

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

13. ADDRESS CHANGES ONLY

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

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|----------------|------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | 700005450617--8 |
| STREET ADDRESS | -05/03/02--01075--032 |
| CITY-ST-ZIP | ***155.88 ***155.88 |
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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: *Reigh Ann Everett*
SIGNATURE REQUIRED

Reigh Ann Everett 4/10/02 (912) 740-4440
Asst. Secretary

CR2E003 (9/01)