

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A19425			
1. Entity Name LINCOLN PROPERTY COMPANY NO. 1074, LTD.			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 75-2528825		<input type="checkbox"/> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$9,590.65		10. Amount of Capital Contributions in FLORIDA to date. \$9,590.65	
11. MAKE CHECK PAYABLE TO FL. 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	STREET ADDRESS	
NAME	MACK POGUE, INC.	CITY-ST-ZIP	
STREET ADDRESS	3300 LINCOLN PLAZA, 500 N. AKARD		
CITY-ST-ZIP	DALLAS TX 75201		
DOCUMENT #		STREET ADDRESS	
NAME	KERSEY, JAMES W.	CITY-ST-ZIP	
STREET ADDRESS	255 S. ORANGE AVE #1550		
CITY-ST-ZIP	ORLANDO FL		
DOCUMENT #		STREET ADDRESS	
NAME	VACCARO, GARY A.	CITY-ST-ZIP	
STREET ADDRESS	ONE HARBOUR PLACE #990		
CITY-ST-ZIP	TAMPA FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		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 Assistant Secretary 4-26-04 214-740-4440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

FILED

04 APR 29 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

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