

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP
ANNUAL REPORT
1997

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

1. Name of Limited Partnership

1a. DOCUMENT #
A20583

LINCOLN-SUN CENTER, LTD.



Mailing Address
**1505 FEDERAL ST.
P.O. BOX 1920
DALLAS TX 75221**

Principal Office Address
**1505 FEDERAL ST.
P.O. BOX 1920
DALLAS TX 75221**

3. Date Formed or Registered
08/16/1985

5a. Capital Contributions as Shown on record
\$700,000.00

3a. Date of Last Report
12/20/1995

5b. Amount of Capital Contributions in FLORIDA to date:
700,000.00

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
75-2047163

Applied For
 Not Applicable

City & State

City & State

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

Zip Country Zip Country

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

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

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

Name
Street Address (P.O. Box Number is Not Acceptable)
400002048464--4
Suite, Apt. #, etc.
-01/07/97--01108--013
City
*****576.25 ***576.25**
FL

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
LINCOLN PROPERTY CO 1074	500 N AKARD #3300	DALLAS TX	A19425

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, **J. J. MACDONALD**, a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620 Florida Statutes.

SIGNATURE *J. J. Macdonald* **J. J. MACDONALD**
ATTORNEY-IN-FACT FOR MACK POGUE DATE 11-1-96

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

(214) 740-4440

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CR2E003 (6/96)