


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 11 PM 1:00

DOCUMENT # A30947		
1. Entity Name LINCOLN ASSOCIATES LIMITED PARTNERSHIP		

Principal Place of Business 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445	Mailing Address 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445
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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



03112005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0235713	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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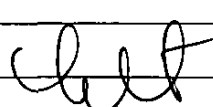
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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

9. Capital Contributions as Shown on record. \$75,281.00	10. Amount of Capital Contributions in FLORIDA to date. \$75,281.00
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000000697 AS PROPERTIES CORP 600 CENTRAL AVE., #365 HIGHLAND PARK, IL 60035	STREET ADDRESS CITY-ST-ZIP	 600051412416 04/20/05--01060--005 **526.25
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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 By: AS Properties Corp. Susan Wagner, Treasurer 4/5/2005 (847) 432-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE