


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 13 AM 11:02

DOCUMENT #A30947 1. Entity Name LINCOLN ASSOCIATES LIMITED PARTNERSHIP	
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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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DO NOT WRITE IN THIS SPACE



02022006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0235713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FELNER, JAY 4182 LIVE OAK BLVD. DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	F93000000697
NAME	AS PROPERTIES CORP
STREET ADDRESS	600 CENTRAL AVE., #365
CITY-ST-ZIP	HIGHLAND PARK, IL 60035
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[Handwritten Signature]

700068093657
03/20/06--01015--009 **500.00

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* Susan Wagner, Treasurer 3/10/06 847-432-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #