


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

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # B00000000099					
1. Entity Name LINCOLN-WINTER PARK, LTD.					
Principal Place of Business 1505 FEDERAL STREET DALLAS TX 75201			Mailing Address P.O. BOX 1920 DALLAS TX 75201		
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 75-2870425	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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		\$249,444.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	F00000001814		STREET ADDRESS		
NAME	LINCOLN GP WINTER PARK, INC.		CITY - ST - ZIP		
STREET ADDRESS	1505 FEDERAL STREET				
CITY - ST - ZIP	DALLAS TX 75201				
DOCUMENT #			STREET ADDRESS	000000157432	
NAME			CITY - ST - ZIP	05/06/04-80019-021 141.25	
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MOORE CR2E003 (11/03)

STAPLE CHECK HERE

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 #