

# 2002 UNIFORM BUSINESS REPORT (UBR)

0017112 AT

**DOCUMENT #** B01000000258 *93943 VA*

1. Entity Name  
**LINCOLN APARTMENT MANAGEMENT LIMITED PARTNERSHIP**

FILED  
02 APR 29 PM 4: 37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 1505 FEDERAL STREET, DALLAS TX 75201  
Mailing Address: P.O. BOX 1920, DALLAS TX 75221

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: City & State  
Zip: Country

**DUE BY MAY 1, 2002**

4. FEI Number  Applied For  
 Not Applicable

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

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$100.00**  
10. Amount of Capital Contributions in FLORIDA to date. *100.00*  
11. **MAKE CHECK PAYABLE TO 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	
DOCUMENT #	F01000003942
NAME	LINCOLN BP MANAGEMENT, INC.
STREET ADDRESS	1505 FEDERAL STREET
CITY-ST-ZIP	DALLAS TX 75201
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400005502704--5
CITY-ST-ZIP	-05/10/02--01049--008 ****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
leigh Ann Everett  
Asst. Secretary Date *4/10/02* Daytime Phone # *(214) 740-4440*

CR2E003 (9/01)