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(Requestor's Name)			
(Address)		-	600048745
(Address)		-	000040743
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		04/26/0501036013
(Business Entity Name)			
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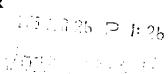
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**1750.00

TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations



SUBJECT.	LINCOLN APARTMEN	NT MANAGEMENT	I LIMITED PAR	TNERSHIP
DODUDOI.				

(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAT COLLINS	
	(Name of Person)
LINCOLN PROPERTY SERVI	CES, INC.
	(Firm/Company)
P.O. BOX 1920	
	(Address)
DALLAS, TX 75221	
	(City/State and Zip Code)
r further information concerning this matt	ter, please call:
AT COLLINS	at (214) 740-4478
(Name of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

150 725 ₽ #26 Automotionas.

	a (an) Limited Partnership, executed this
supplemental affidavit f	iled pursuant to section 620.176, Florida Statutes. The total amount of
the capital contributions	of the limited partners allocated for the purpose of transacting
business in Florida is: \$	<u>4950,000</u> .
Signed this 21	day of _APRIL

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner

LINCOLN BP MANAGEMENT, INC. BY: DENNIS STREIT, VP/ASSISTANT SECRETARY

FEES:

\$7 per \$1,000 based on the additional contributions (Minimum \$52.50 - Maximum \$1,750.00)

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314