


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Jun 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # B01000000258

1. Entity Name
LINCOLN APARTMENT MANAGEMENT LIMITED PARTNERSHIP



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., City & State, Zip, Country
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country



04182005 Chg-LP CR2E003 (10/03)
4. FEI Number: 75-2948035 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record: \$100.00
10. Amount of Capital Contributions in FLORIDA to date: \$4,950,000.00 *suppl. aff. filed 4/26/05*

**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 #	F01000003942	STREET ADDRESS	
NAME	LINCOLN BP MANAGMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	1505 FEDERAL STREET		
CITY-ST-ZIP	DALLAS, TX 75201		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: *Dennis Streit* Dennis Streit 4-19-05 214-740-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Vice President Assistant Secretary Date Daytime Phone #

STAPLE CHECK HERE

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