2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

May 06, 2006 08:00 AM Secretary of State DOCUMENT # B01000000258 1. Entity Name LINCOLN APARTMENT MANAGEMENT LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1605 FEDERAL STREET DALLAS TX 75201 P.O. BOX 1920 DALLAS TX 75221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For 4. FEI Number City & State City & State 75-2948035 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # F01000003942 STREET ADDRESS MANA LINCOLN BP MANAGMENT, INC. STREET ADDRESS 1505 FEDERAL STREET C17Y-ST-7/2 CITY-ST-ZIP DALLAS TX 75201 DOCUMENT # UQQQ00542177 STREET ADDRESS <u>/10/06-80086-017 500 00</u> STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE CHECK HERE DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CSTY-ST-ZSP CITY-ST-ZIP

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 it 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

Vice President-

4-24-06 214-740-4440

FILED