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

DOCUMENT # B0500000071 1. Entity Name LINCOLN CONDOMINIUM GROUP SE LP	
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Principal Place of Business 1505 FEDERAL STREET DALLAS TX 75201	Mailing Address 1505 FEDERAL STREET DALLAS TX 75201
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031111-1 AM 9:17
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE FLORIDA



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

1st MOORE CR2E003 (10/05)

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
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4. FEI Number 20-3017749	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____
Signature, typed or printed name of registered agent and title if applicable.

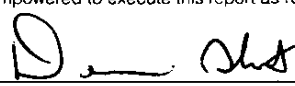
FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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.**

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # F05000000919 NAME LPC SOUTHEAST I INC. STREET ADDRESS 1505 FEDERAL STREET CITY-ST-ZIP DALLAS TX 75201	STREET ADDRESS CITY-ST-ZIP 500074660765 05/16/06 01020 008 **500.00
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STAPLE CHECK HERE

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 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**
 Vice President- Assistant Secretary
 Date **4-24-06** Daytime Phone # **214-740-4440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER