2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2008**

Apr 23, 2008 08:00 AN Secretary of State **DOCUMENT # B05000000071** 1. Entity Name LINCOLN CONDOMINIUM GROUP SE LP Principal Place of Business Mailing Address 1505 FEDERAL STREET 1505 FEDERAL STREET DALLAS TX 75201 DALLAS TX 75201 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/07) City & State City & State 4. FEI Number Applied For 20-3017749 Not Applicable Zip Country 7mCountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. Lam familiar with, and accept the obligations of registered agent. DATE FILE NOW!!! Fee is \$500. *** After May 1, 2008, 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 13. DOCUMENT # F05000000919 STREET ACCRESS LPC SOUTHEAST LINC. NAME STREET ADDRESS 1505 FEDERAL STREET CHY-ST-ZIP 95/13/08-80053-024 S00.00 CITY-ST-ZIP DALLAS TX 75201 DOCUMENT A STREET ADDRESS NAME STRIFT ADDRESS CITY- ST- ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP CHY-SI-ZIP DOCUMENT # STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP 01Ft-\$1-2P DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP БОСШИЕНЛ ₹ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

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CHECK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNERS SISTENT SPECIAL

Dennis Streit Vice President-

14. Thereby certify that the information supplied with this filling 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 outh; 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

4/21108 214-740-4440

FILED