

92012

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

DUE BY MAY 1, 2006

DOCUMENT # B05000000501 1. Entity Name LINCOLN PROPERTY COMPANY NO. 2012 LIMITED PARTNERSHIP				 MAY - 1 AM 9:17 TALLAHASSEE FLORIDA	
Principal Place of Business 1505 FEDERAL STREET DALLAS TX 75201			Mailing Address P.O. BOX 1920 DALLAS TX 75221		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4005347	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	F05000006653		STREET ADDRESS		
NAME	LINCOLN NO. 2012, INC.		CITY-ST-ZIP		
STREET ADDRESS	1505 FEDERAL STREET		500074660685 05/16/06--01020--006 **500.00		
CITY-ST-ZIP	DALLAS TX 75201		CITY-ST-ZIP		
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CITY-ST-ZIP			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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Dennis Streit Vice President- Assistant Secretary Date 4-24-06 Daytime Phone # 214-740-4440		

STAPLE CHECK HERE