2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

STAPLE CHECK HERE

SIGNATURE:

	DUE DI M	AT 1, 2007		960036	•	
DOCUMENT # B0600000145 1. Entity Name						.ED
LINCOLN PROPERTY COMPANY NO. 2056 LIMITED PARTNERSHIP			1		2007 APR 23	3 AMII: NO
Principal Place of Business Mailing Address			,			
1505 FEDERAL STREET DALLAS TX 75201		1505 FEDERAL STREET DALLAS TX 75201		SECRETAR'	Y OF STATE	
Principal Place of Business - No P.O. Box # Mailing Address) \$20100 F 1630 0000 0000 0000 0000	INIII NAIII NAIII NAIH SAINI IJAH DINAY DIXAY AIXAY AT 1 884
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1st MOORE	CR2E003 (10/06)
City & State		City & Stalo		4. FEI Number	Applied For Not Applicable	
Zip	Country	Zip	Country	,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New	Registered Agent
C T COPPORATION SYSTEM						
				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						
FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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 CI	HANGES ONLY
DOCUMENT# NAME	F06000001877		STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP	LINCOLN NO. 2056, INC. 1505 FEDERAL STREET DALLAS TX 75201		CHY-SI	7-7(P		
DOCUMENT# NAME		<u> </u>	STREET	ADDRESS	9001013	349729
STREET ADDRESS CTTY-ST-ZIP		•	CHY-SI	- ZIP	05/03/0701013	025 **500.00
DOCUMENT # NAME			STREET	ADDP#:SS		
STREET ADDRESS CITY-ST-ZIP			CITY-SI	- ZIP		-,
DOCUMENT# NAME			STREET	ADDRESS		
STREET ADORESS CITY-ST-ZIP			CITY-SI	- ZIP		
DOCUMENT # NAME			SIRTEL	ADDRESS	•	
STREET ADDRESS CITY-ST-ZIP			CITY-ST	- ZIP		
DOCUMENT / NAME			SIRLET	ADDNESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST			
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 Dennis Streit						

4-5-07

Daytime Phone #

Vice President-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Assistant Secretary