

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B97000000359

1. Entity Name
LINCOLN AT DORAL L.P.

92794

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1505 FEDERAL ST.
DALLAS TX 75201

Mailing Address
P.O. BOX 1920
DALLAS TX 75221-1920

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 75-2717357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$12,450,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	B97000000357 LINCOLN PROPERTY CO. NO. 2294, L.P. 3300 LINCOLN PLAZA, 500 NORTH AKARD DALLAS TX 75201	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	600003286416--1 -06/13/00--01024--016 *****526.25 *****526.25
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Leigh Ann Everett* **Asst. Secretary** 4/11/00 (214) 740-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

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