

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000359**

1. Entity Name

LINCOLN AT DORAL L.P.

FILED

01 APR 27 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

vx 92774

Principal Place of Business

1505 FEDERAL ST.
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

75-2717357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

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

(NOT: Registered Agent's 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.

13,950,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # **B97000000357**
NAME **LINCOLN PROPERTY CO. NO. 2294, L.P.**
STREET ADDRESS **3300 LINCOLN PLAZA, 500 NORTH AKARD**
CITY-ST-ZIP **DALLAS TX 75201**

STREET ADDRESS

300004192013--0

CITY-ST-ZIP

05/09/01--01132--043
*****526.25 *****526.25

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CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Leigh Ann Everett, Asst. Secretary

4-10-2001

214-740-4440

Date

Daytime Phone #

0015256 AF

CR2E003 (11/00)