## 2002 UNIFORM BUSINESS REPORT (UBR)

92194 VX FILED B9700000359 DOCUMENT# 1. Entity Name 02 APR 29 PM 4: 37 LINCOLN AT DORAL L.P. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business P.O. BOX 1920 1505 FEDERAL ST. DALLAS TX 75221 DALLAS TX 75201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For 4. FEI Number City & State City & State 75-2717357 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contribution 9. Capital Contributions \$13,950,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. B97000000357 DOCUMENT # STREET ADDRESS LINCOLN PROPERTY CO. NO. 2294, L.P. NAME 3300 LINCOLN PLAZA, 500 NORTH AKARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 <del>3000</del>05505383--6 DOCUMENT # STREET ADDRESS -05/13/02--01018--025 NAME \*\*\*\*526.25 \*\*\*\*526.25 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DQCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 accompate 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 520, Florida Statutes.

SIGNATURE: SIGNATURE AND OPPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayling Phone #