

2000 UNIFORM BUSINESS REPORT (UBR)

001421 A

DOCUMENT # **B98000000006**

1. Entity Name
EQR/LINCOLN LIMITED PARTNERSHIP **92790**

Principal Place of Business
**1505 FEDERAL STREET
DALLAS TX 75201**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **75-2739239** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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. **\$99.00**

10. Amount of Capital Contributions in FLORIDA to date. **99.00**

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 #	P40002		STREET ADDRESS	000003284350--D
NAME	LINCOLN EASTERN MANAGEMENT CORP.		CITY - ST - ZIP	
STREET ADDRESS	1505 FEDERAL STREET			
CITY - ST - ZIP	DALLAS TX 75201			
DOCUMENT #			STREET ADDRESS	-06/12/00--01020--023 ****141.25 ****141.25
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STREET ADDRESS				
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 **4/11/00** (214) 740-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)