

2002 UNIFORM BUSINESS REPORT (UBR)

001715 AT

DOCUMENT # B98000000432 92379-VN

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
EQR-LINCOLN LAKESIDE PARK L.P.

Principal Place of Business
1505 FEDERAL
DALLAS TX 75201

Mailing Address
P.O. BOX 1920
DALLAS TX 75221

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 75-2771652

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

9. Capital Contributions as Shown on record. \$4,428,500.00

10. Amount of Capital Contributions in FLORIDA to date. \$4,428,500.00

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 # L98000000956
NAME EQR-LINCOLN LAKESIDE APARTMENTS L.L.C.
STREET ADDRESS 1505 FEDERAL STREET
CITY-ST-ZIP DALLAS TX 75201

STREET ADDRESS
CITY-ST-ZIP

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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: *Heigh Ann Everett*
Heigh Ann Everett 4/11/02 (214) 740-4440
Asst. Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)

STAPLE CHECK HERE