DOCUMENT # B9900000111 1. Entity Name LINCOLN PROPERTY COMPANY NO. 2694, LTD. 92694								.ED Y OF STATE ORPORATIO	¥S		
Principal Place of Business Mailing Address 1505 FEDERAL STREET P.O. BOX 1920 DALLAS TX 75201 DALLAS TX 75221-1920							00 APR 2,7	AH 3: 05		53 () 63(6)) 3	D) (1881) (1811 (1881)
Principal Place of Business 3. Mailing Address							- # # !!!!!!				6
Suite, Apt. #, etc. Suite, Apt. #, etc.								DO NOT WRI		SPACE	
City & State				ity & State	4. FEI Number	75-2792	120		Applied For Not Applicable		
Zip Country		Zi		Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						Name	7. Name and A	ddress of New F	Registered	Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324									·		
						City			FI	Zip Co	ode
SIGNATURE		y submits this statement for						in the State of Fl			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re						Agent signature required		11. MAKE CHE			
as Shown on record. \$100.00 10. Amount or Capital Contributions in FLORIDA to date A GENERAL PARTNER THAT IS A BUSINESS ENTI						UST BE REGIST				OR FEE INFO	ORMATION
12.	NOTE	: General Partners MA	TOM Y	be changed on th	e form	; an amendmen	t must be filed	to change a g	eneral pa	rtner.	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LINCOLN PROPERTY COMPANY NO. 2695, INC. 1505 FEDERAL STREET					ET ADDRESS	7000032603375 -05/19/0001120021 ****141.25 ****141.25				
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	1					- ST - ZIP					
DOCUMENT#		·			STRE	ET ADDRESS					
NAME Street Address City - St - Zep	1	i			СПҮ	-ST-ZIP					
DOCUMENT# NAME STREET ADDRESS					STR	ET ADDRESS					
CITY-ST-ZIP					CITY	•ST-ZIP			i	<u>-</u>	
NAME STREET ADDRESS					1	ET ADDRESS -ST - ZIP					
COTY-ST-ZIP DOCUMENT#					+				<u> </u>		
NAME STREET ADORESS CITY - ST - ZIP	•					-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 Leigh Ann Everett Asst. Secretary Output Date Daytime Prione II Daytime Prione II											