

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B99000000223

1. Entity Name
**LINCOLN PROPERTY COMPANY NO. 2340 LIMITED
PARTNERSHIP**



Principal Place of Business
**TAMPA VILLAGE APTS.
10050 N. FLORIDA AVE., #300
TAMPA, FL 33612**

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

FILED

03 APR 29 PM 12:42

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DLH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

75-2825219

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record. **\$198,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

\$198,000.00

**1. MAKE CHECK PAYABLE TO FL 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

DOCUMENT # **F99000003070**
NAME **LINCOLN NO. 2340, INC.**
STREET ADDRESS **1505 FEDERAL STREET**
CITY-ST-ZIP **DALLAS, TX 75201**

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Dennis Streit,
VP/AS**

4/24/03

Date

214-740-4440

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)