

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000001662

1. Entity Name
LINCOLN GP MAITLAND CONCOURSE II, INC.

3904



Principal Place of Business
P.O. BOX 1920
DALLAS TX 75221

Mailing Address
P.O. BOX 1920
DALLAS TX 75221



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

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

1st MOORE CR2E034 (10/07)

City & State
Zip Country

4. FEI Number 75-2924635
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(NOTE: Registered Agent signature required when not changing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	DUVALL, WILLIAM C	
STREET ADDRESS	1505 FEDERAL STREET	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	V	☐ Delete
NAME	COURTWRIGHT, GREGORY S	
STREET ADDRESS	1505 FEDERAL STREET	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	ST	☐ Delete
NAME	DAVIS, NANCY	
STREET ADDRESS	1505 FEDERAL STREET	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	CD	☐ Delete
NAME	POGUE, MACK	
STREET ADDRESS	1505 FEDERAL STREET	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	AS	☐ Delete
NAME	EVERETT, LEIGH A	
STREET ADDRESS	1505 FEDERAL ST	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	V	☐ Delete
NAME	STAHLEY, SCOTT	
STREET ADDRESS	255 S. ORANGE AVE., #905	
CITY-ST-ZIP	ORLANDO FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE: *Leigh Ann Everett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Leigh Ann Everett
Assistant Secretary
4-21-08 214-740-4440