


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F9500000411 1. Entity Name LINCOLN PROPERTY COMPANY E.C.W., INC.	
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Principal Place of Business P.O. BOX 1920 DALLAS, TX 75221	Mailing Address P.O. BOX 1920 DALLAS, TX 75221
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**DO NOT WRITE IN THIS SPACE**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-1979005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYRNE, TIMOTHY 1505 FEDERAL DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTT DAVIS, NANCY A. 1505 FEDERAL STREET DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS JACKS, DAN 1505 FEDERAL DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANZEN, JEFF 1505 FEDERAL DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS STREIT, DENNIS 500 NORTH AKARD, STE 3400 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANT, BILLY J 1505 FEDERAL DALLAS, TX 75201

**DO NOT WRITE IN THIS SPACE**

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 04/26/05-80058-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Streit  
 Vice President- 4-19-05 214-740-4440  
 Assistant Secretary Date Daytime Phone #

01993