

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #M06000004457

1. Entity Name

EQR-LINCOLN LAKESIDE APARTMENTS L.L.C.

92399

APPROVED
AND
FILED

00 MAY -1 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1505 FEDERAL STREET
DALLAS TX 75201

Mailing Address

P.O. BOX 1920
DALLAS TX 75221-1920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2772229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
% CT CORPORATION
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
EQR/LINCOLN NO. ONE MASTER LIMITED PARTNER
1505 FEDERAL ST.
DALLAS TX 75201

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
40000326102
-05/22/00--01021--022
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☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Leigh Ann Everett
Asst. Secretary

Date

Daytime Phone #

(214) 740-4440

CR2E083 (9/99)