

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M06000004457

1. Entity Name  
EQR-LINCOLN LAKESIDE APARTMENTS L.L.C.

VN-92797

Principal Place of Business  
1505 FEDERAL STREET  
DALLAS TX 75201

Mailing Address  
P.O. BOX 1920  
DALLAS TX 75221

FILED

01 APR 27 PM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
☐ Change ☐ Addition

TITLE  
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100004212901--4  
-05/11/01--01127--021  
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I 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 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 entity, or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

*Leigh Ann Everett*

Leigh Ann Everett  
Asst. Secretary

4-5-01 214-740-4440

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

0023910 AF