

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 22 AM 10: 06



1. Name of Limited Partnership	1a. DOCUMENT # A96000000434
LAKESIDE TELECOM LAND LIMITED PARTNERSHIP	

Mailing Address 2121 PONCE DE LEON BOULEVARD, PENTHOUSE CORAL GABLES FL 33134	Principal Office Address 2121 PONCE DE LEON BOULEVARD, PENTHOUSE CORAL GABLES FL 33134
2. Mailing Address 3225 AVIATION AVE. 700	2a. Principal Office Address 3225 AVIATION 700
City & State COCONUT GROVE FL.	City & State COCONUT GROVE FL
Zip Country 33133 USA	Zip Country 33133 USA

789, 193, 671

3. Date Formed or Registered 03/01/1996	5a. Capital Contributions as Shown on record. \$250,000.00
3a. Date of Last Report 03/17/1997	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	6. FEI Number 65-0661163 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**MARCUS, STEWART
2121 PONCE DE LEON BOULEVARD, PENTHOUSE
CORAL GABLES FL 33134**

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number Is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ State **FL** Zip Code _____

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
LAKESIDE TELECOM LAND, INC.	2121 PONCE DE LEON BO	CORAL GABLES FL 33134	P96000015395
		300002328199--2 -10/23/97--01081--001 ****541.25 ****541.25	

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Stewart Marcus* DATE *9/12/97*
Typed or Printed Name of General Partner Signing Form *STEWART MARCUS* Daytime Telephone Number *(305) 260-8188*

CR2E003 (6/97)