

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #A9600000434
 1. Entity Name
LAKESIDE TELECOM LAND LIMITED PARTNERSHIP

FILED
 01 JUN 18 AM 9:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Principal Place of Business Mailing Address
 3225 Aviation Avenue 3225 Aviation Avenue
 Suite 700 Suite 700
 Coconut Grove, FL 33133 Coconut Grove, FL 33133

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
 65-0661163 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Stewart Marcus
 3225 Aviation Avenue, Suite 700
 Coconut Grove, Florida 33133

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.
 SIGNATURE

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

9. Capital Contributions as Shown on record \$250,000
 10. Amount of Capital Contributions in FLORIDA to date
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General partners MAY NOT BE changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000015395 Lakeside Telecom Land, Inc. 3225 Aviation Avenue, Suite 700 Coconut Grove, Florida 33133	STREET ADDRESS CITY-ST-ZIP	200004437562--2 -06/22/01--01078--012 ***535.00 ***535.00
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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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE *Stewart Marcus* PRESIDENT 4/30/01 (305) 860-8188
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #