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LIMITED PARTNERSHIP REINSTATEMENT

LAKE SHORE CAPITAL, LTD.

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A00000001002

1. Name of Limited Partnership

Lake Shore Capital, Ltd.

CR2E039 (8/05)

2. Principal Office Address		3. Mailing Office Address	
875 N. Michigan Ave.		875 N. Michigan Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
3620		Suite 3620	
City & State		City & State	
Chicago IL		Chicago	
Zip	Country	Zip	Country
60611	USA	60611	USA

4. Date Formed or Registered To Do Business in Florida: June 20, 2000

5. FEI Number: 65-1012049 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7a. Capital Contributions as shown on Records: 1,000.00

7b. Amount of Capital Contributions in FLORIDA to date: 1,000.00

8. Name and Address of Current Registered Agent

Name: E. Barry Mansur

Street Address (P.O. Box Number is Not Acceptable): 1117 Schefflera Drive

Suite, Apt. #, Etc.:

City: Captiva | State: FL | Zip Code: 33924

FEES:

1.) *Filing Fee(s):* Computed at a rate of $7 per $1,000 on amount entered in 7b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.

2.) *Supplemental Fee(s):* $88.75 for each year due this office, beginning with 1982 calendar year.

3.) *Penalty Fee(s):* $600 penalty fee for each year annual form is due.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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 12-01-05

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

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Austin C. Mansur E. Barry Mansur	875 N. Michigan Ave 1117 Schefflera	Chicago, IL 60611 Captiva FL 33924	REINSTATEMENT

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 _____ DATE 12/1/2005

Typed or Printed Name of General Partner Signing Form: E. Barry Mansur Telephone Number: 312-263-2400