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From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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LIMITED PARTNERSHIP REINSTATEMENT

LAKE SHORE CAPITAL, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
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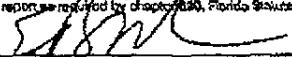
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A00000001002			
1. Name of Limited Partnership Lake Shore Capital, Ltd.			
2. Principal Office Address 875 N. Michigan Ave. Suite, Apt. #, etc. 3620 City & State Chicago IL Zip 60611		3. Mailing Office Address 875 N. Michigan Ave. Suite, Apt. #, etc. Suite 3620 City & State Chicago Zip 60611	
4. Date Formed or Registered To Do Business in Florida June 20, 2000			
5. FBT Number 65-1012049		Applied For ☒ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ 2b. If "Certificate of Status" is desired, attach a Certificate of Status.			
7a. Capital Contributions as shown on Record: 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			
9. Pursuant to the provisions of sections 620.1051 and 620.102, 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, as 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 620.102, 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 Number)	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	2006 FTD - 88 04-05 Dec
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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 719.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effect 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			

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