

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001002

1. Entity Name  
LAKE SHORE CAPITAL, LTD.



FILED  
03 MAY -5 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
875 NORTH MICHIGAN AVENUE, SUITE 3620  
CHICAGO IL 60611

Mailing Address  
875 NORTH MICHIGAN AVENUE, SUITE 3620  
CHICAGO IL 60611



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

5/5

4. FEI Number 65-1012049

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANSUR, E. BARRY  
1117 SCHEFFLERA DRIVE  
CAPTIVA FL 33924

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 MANSUR, AUSTIN C  
STREET ADDRESS 875 N. MICHIGAN AVE., SUITE 3620  
CITY-ST-ZIP CHICAGO IL 60611

STREET ADDRESS

CITY-ST-ZIP

800017924908  
05/05/03--01015--005 \*\*1130.00

DOCUMENT #  
NAME MANSUR, E. BARRY  
STREET ADDRESS 875 N. MICHIGAN AVE., SUITE 3620  
CITY-ST-ZIP CHICAGO IL 60611

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CITY-ST-ZIP

14. 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/03

Date

312.263.2407

Daytime Phone #

CR2E003 (10/02)

0017160 AT