


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -2 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01372		
1. Entity Name CAMBRIDGE SQUARE OF LAUDERDALE LAKES LTD		

Principal Place of Business P.O. BOX 40177 INDIANAPOLIS, IN 46240	Mailing Address P.O. BOX 40177 INDIANAPOLIS, IN 46240
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02212005 Chg-LP CR2E003 (10/03)

4. FEI Number 35-1419618	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KARNS, LARRY A 7332 NW FIFTH ST PLANTATION, FL 33317		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. \$141.25
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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	
NAME	GLICK, E.B. & M.K.	CITY-ST-ZIP	46260
STREET ADDRESS	215 WILLIAMS COURT		
CITY-ST-ZIP	INDIANAPOLIS, IN		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	093054000034 Q05117700074 BAMBERGER & FEIBLEMAN	CITY-ST-ZIP	200055331852
STREET ADDRESS	151 NORTH DELAWARE STREET		05/25/05--01053--003 **141.25
CITY-ST-ZIP	INDIANAPOLIS, IN 46204		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BISESI, JAMES T.	CITY-ST-ZIP	46256
STREET ADDRESS	8617 SEAWARD LN.		
CITY-ST-ZIP	INDIANAPOLIS, IN		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	KLINE, JACK M	CITY-ST-ZIP	715 Spring Mill Ln
STREET ADDRESS	715 SPIRNGMILL LN.		46260
CITY-ST-ZIP	INDIANAPOLIS, IN		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	GLICK, M.K.	CITY-ST-ZIP	46260
STREET ADDRESS	215 WILLIAMS COURT		
CITY-ST-ZIP	INDIANAPOLIS, IN		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: 	James T. Bisesi	2/22/05	317-469-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE