

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # A01372

1. Entity Name
CAMBRIDGE SQUARE OF LAUDERDALE LAKES LTD



Principal Place of Business
**8425 WOODFIELD CROSSING BLVD, SUITE 300W
INDIANAPOLIS, IN 46240**

Mailing Address
**PO BOX 40177
INDIANAPOLIS, IN 46240**

DO NOT WRITE IN THIS SPACE



04162008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

35-1419618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KARNS, LARRY A
7332 NW FIFTH ST
PLANTATION, FL 33317**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GLICK, E.B. & M.K.
215 WILLIAMS COURT
INDIANAPOLIS, IN 46260**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**G05117700074
BAMBERGER & FEIBLEMAN
151 NORTH DELAWARE STREET
INDIANAPOLIS, IN 46204**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BISESI, JAMES T
8617 SEAWARD LN.
INDIANAPOLIS, IN 46256**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**KLINE, JACK M
715 SPRINGMILL LN.
INDIANAPOLIS, IN 46260**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GLICK, M.K.
215 WILLIAMS COURT
INDIANAPOLIS, IN 46260**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

000000913708
05/08/08-80027-007 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James T. Bisesi

Date

317-469-0400

Daytime Phone #

STAPLE CHECK HERE