

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 26 AM 9:13

DOCUMENT # A04000000131

1. Entity Name  
LAKESIDE @ LYONS, LTD.



Principal Place of Business  
1096 EAST CENTER DRIVE, SUITE 100  
DEERFIELD BEACH, FL 33442

Mailing Address  
1096 EAST CENTER DRIVE, SUITE 100  
DEERFIELD BEACH, FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192005

Chg-LP

CR2E003 (10/03)

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

BUTTERS, MALCOLM  
1096 EAST CENTER DRIVE, SUITE 100  
DEERFIELD BEACH, FL 33442

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 fee if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$1,279,000.00

10. Amount of Capital Contributions  
in FLORIDA to date

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 # L04000006330  
NAME LAKESIDE @ LYONS CREEK GP, LLC  
STREET ADDRESS 6530 WEST ROGERS CIRCLE, SUITE 31  
CITY-ST-ZIP BOCA RATON, FL 33487

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # L04000006329  
NAME LAKESIDE @ LYONS LLH GP, LLC  
STREET ADDRESS 1096 EAST CENTER DRIVE, SUITE 100  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

STREET ADDRESS

CITY-ST-ZIP

1000000345390

04/30/05-80032-021 526.25

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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)(f), 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

SEAN M. LEON, G.P.

4/19/05 (561)995-7878

Date

Daytime Phone

STAPLE CHECK HERE