2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE:

TALLAHASSEE, FLORIDA DOCUMENT # A0400001142 08 MAR 31 PM 3: 53 1. Entity Name LAKESIDE TOWN SHOPS, LTD. Principal Place of Business Mailing Address 300 S.E. 2ND STREET 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 55-0874437 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert Esposito JONES, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 300 S.E. 2ND STREET c/o Stiles Corporation FORT LAUDERDALE, FL 33301 300 SE 2nd Street City Fort Lauderdale 33301 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 printeg ris Robert Esposito 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 ADDRESS CHANGES ONLY 13. P04000102680 DOCUMENT # STREET ADDRESS NAME LAKESIDE TOWN SHOPS, INC. STREET ADDRESS 300 S.E. 2ND STREET CITY-ST-ZIP 000121510490 CITY-ST-ZIP FORT LAUDERDALE, FL 33301 03/28/08--01012--002 **500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

Terry W. Stiles

NO TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

January 31, 2008

954-627-9300

Daytime Phone #

SECRETARY OF STATE