



**FILE BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 30 PM 3:49 SECRETARY OF STATE TALLAHASSEE FLORIDA LA 1/14/99	
1. Name of Limited Partnership LAKESIDE VILLAGE ASSOCIATES, LTD.		1a. DOCUMENT # A09357			
Mailing Address P.O. BOX 5152 HIALEAH FL 33014		Principal Office Address P.O. BOX 5152 HIALEAH FL 33014		3. Date Formed or Registered 09/24/1980	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 03/13/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation NY	
City & State		City & State		5a. Capital Contributions as Shown on record. \$0.00	
Zip Country		Zip Country		5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number 59-2176452 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent LECHTMAN, MICHAEL 17001 N.E. 6TH AVE. N. MIAMI BEACH FL 33162		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

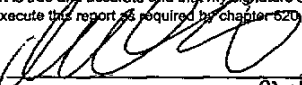
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
COMART, MARTIN	4760 CHERRY LAUREL LA	DELRAY BEACH FL	300002744573--0 -01/15/99--01108-012 ****150.00 ****150.00
MELTZER, ODED T.	122 GOLDEN BEACH DR.	GOLDEN BEACH FL	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE  DATE 12/28/98
 Typed or Printed Name of General Partner Signing Form ODED T. MELTZER Daytime Telephone Number 305-558-3092

CR2E003 (8/98)