


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A11349		
1. Entity Name LAKESHORE APARTMENTS GROUP, LTD.		

Principal Place of Business 15260 VENTURA BLVD., SUITE 670 SHERMAN OAKS CA 91403	Mailing Address 15260 VENTURA BLVD., SUITE 670 SHERMAN OAKS CA 91403
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1ST MOORE CR2E003 (10/04)

City & State	City & State	4. FEI Number 95-3634968	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent SUTTON, JOHN 2655 LEJUENE ROAD, P.H. II CORAL GABLES FL 33134	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$800,000.00

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	
DOCUMENT #	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	STREET ADDRESS
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CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/05-80010-020 526.25

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: Bernard Saul **BERNARD SAUL** 3/17/05 (818) 981 9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE