

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 30 PM 3:01

1. Name of Limited Partnership

1a. **DOCUMENT #
A24033**

LAKESIDE ASSOCIATES OF DELRAY, LTD.



501/12

Mailing Address C/O KENNETH M. ENDELSON 1000 CLINT MOORE ROAD, SUITE 110 BOCA RATON FL 33487		Principal Office Address C/O KENNETH M. ENDELSON 1000 CLINT MOORE ROAD, SUITE 110 BOCA RATON FL 33487		3. Date Formed or Registered 01/06/1987	5a. Capital Contributions as Shown on record. \$80,000.00
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 12/26/1996	
City & State		City & State		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
Zip Country		Zip Country		6. FEI Number 59-2608517	
				7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent ENDELSON, KENNETH M. 1000 CLINT MOORE ROAD SUITE 110 BOCA RATON FL 33487	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) K & R GROUP, INC. ANB OF BOCA NO. 4, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1000 CLINT MOORE ROAD 1000 CLINT MOORE ROAD	11b. City, State & Zip Code BOCA RATON FL BOCA RATON FL	11c. Registration/ Document Number H93044 J38678
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****550.00 ****550.00

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 12.26.97

Typed or Printed Name of General Partner Signing Form **RICHARD FINKELSTEIN**

Daytime Telephone Number **561-997-5760**

CR2E003 (6/97)