

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR -5 PM 1:39

CLERK OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A24033

LAKESIDE ASSOCIATES OF DELRAY, LTD.

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

01/06/1987

3a. Date of Last Report

12/30/1997

4. State or Country of Formation

FL

6. FEI Number

59-2608517

7. Certificate of Status Desired

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as
Shown on record

\$80,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

☐ Applied For
☐ Not Applicable

☒ \$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

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent/Office

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

K & R GROUP, INC.

1000 CLINT MOORE ROAD

BOCA RATON FL

H93044

ANB OF BOCA NO. 4, INC.

1000 CLINT MOORE ROAD

BOCA RATON FL

J38678

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 3/30/99

Typed or Printed Name of General Partner Signing Form

RICHARD FINKELSTEIN

Daytime Telephone Number

561-997-5760

CR2E003 (12/98)