2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A31494

1. Entity Name
LAKESIDE DEVELOPMENT COMPANY ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
50 SOUTH MERIDIAN STREET, SUITE 202 INDIANAPOLIS, IN 46204	50 SOUTH MERIDIAN STREET, SUITE 202 INDIANAPOLIS, IN 46204

01052004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 35-1698570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$100.00	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	DUNCAN, MICHAEL D.	CITY-ST-ZIP	
STREET ADDRESS	50 S MERIDIAN #202		
CITY-ST-ZIP	INDIANAPOLIS, IN 46204		
DOCUMENT #		STREET ADDRESS	000000070045
NAME	OST, FRED A., JR.	CITY-ST-ZIP	02/28/04-80034-027 141.25
STREET ADDRESS	50 S MERIDIAN ST #202		
CITY-ST-ZIP	INDIANAPOLIS, IN 46204		
DOCUMENT #		STREET ADDRESS	
NAME	MONTRIE, WILLIAM L.	CITY-ST-ZIP	
STREET ADDRESS	50 S MERIDIAN ST #202		
CITY-ST-ZIP	INDIANAPOLIS, IN 46204		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Fred A. Ost, Jr. 01/09/04 (317)638-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #