
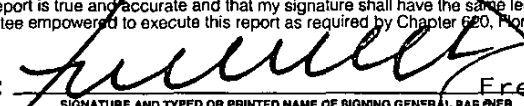


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 AUG -5 AM 9:02

DOCUMENT # A31494					
1. Entity Name LAKESIDE DEVELOPMENT COMPANY ASSOCIATES, LTD.					
Principal Place of Business 50 SOUTH MERIDIAN STREET, SUITE 202 INDIANAPOLIS, IN 46204			Mailing Address 50 SOUTH MERIDIAN STREET, SUITE 202 INDIANAPOLIS, IN 46204		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				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 _____ 400058537714 <small>Signature, typed or printed name of registered agent and title if applicable.</small> 08/12/05 01002 010 #541.25					
9. Capital Contributions as Shown on record. \$100.00			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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	DUNCAN, MICHAEL D.				
	50 S MERIDIAN #202		CITY-ST-ZIP		
	INDIANAPOLIS, IN 46204				
DOCUMENT #	NAME		STREET ADDRESS		
	OST, FRED A., JR.				
	50 S MERIDIAN ST #202		CITY-ST-ZIP		
	INDIANAPOLIS, IN 46204				
DOCUMENT #	NAME		STREET ADDRESS		
	MONTRIE, WILLIAM L.				
	50 S MERIDIAN ST #202		CITY-ST-ZIP		
	INDIANAPOLIS, IN 46204				
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
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. 07-06-05 (317) 638-3900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE