2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SECKETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A31494** 1. Entity Name LAKESIDE DEVELOPMENT COMPANY ASSOCIATES, 05 AUG -5 AM 9: 02 LTD. Principal Place of Business Mailing Address **50 SOUTH MERIDIAN STREET, SUITE 202** 50 SOUTH MERIDIAN STREET, SUITE 202 INDIANAPOLIS, IN 46204 INDIANAPOLIS, IN 46204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052005 Cha-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 35-1698570 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City 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. 400058537714 SIGNATURE Signature, typed or printed name of registered egent and title if applicable. 80/12/85 81862 QLD **541.25 9. Capital Contributions 10. Amount of Capital Contributions \$100.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS DUNCAN, MICHAEL D. NAME STREET ADDRESS 50 S MERIDIAN #202 CITY-ST-7IP CITY-ST-ZIP INDIANAPOLIS, IN 46204 DOCUMENT # STREET ADDRESS OST, FRED A., JR. NAME STREET ADDRESS 50 S MERIDIAN ST #202 CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS, IN 46204 DOCUMENT 4 STREET ADDRESS NAME MONTRIE, WILLIAM L. STREET ADDRESS 50 S MERIDIAN ST #202 CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS, IN 46204 DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information adoptied 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 600, Florida Statutes. SIGNATURE: Ered SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING GENER