## **2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR**

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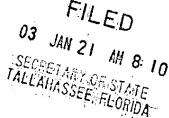
1. Entity Name

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





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2. Principal Place of Business		3. Mailing Address			DIL BIBLI BIBLI BIBLI BIBLI BIBLI (89)				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>	DUE BY MAY 1, 2003				
City & State Ci		City & State	City & State		4. FEI Number 35-1698570	Applied For     Not Applicable			
Zip		Country .	Zip	Co	untry	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6.` Name	and Address of Current	Registered Agent		T	7. Name and Address of New Registered Agent			
					Name				
	PORATION				Chapt Address (O.O. Day Number in Met Assentable)				
1200 S. P	PINE ISLAND	ROAD			Street Address (P.O. Box Number is Not Acceptable)				
Plantati	ION FL 333	24							
					-		1 0 1		
					City	Į.	Zip Code		
8. The above	named entity	submits this statement for	the purpose of ch	anging its regist	ered office or regi	stered agent, or both, in the State of Florida. I	am familiar with, and accept		
the obligat	tions of regist	ered agent.				,	·		
0101147175									
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable.			DA	TE		
Shown on record.  9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA'to date.				tributions		BLE TO FL. DEPT. OF STATE FOR FEE INFORMATION			
	A (	GENERAL PARTNER T General Partners MA	HAT IS A BUSIN Y NOT be chang	NESS ENTITY ged on the for	MUST BE REG	ISTERED AND ACTIVE WITH THIS OFF	ICE. partner.		
12.		GENERAL PARTNER	INFORMATION	1:	3.	ADDRESS CHANGES	ONLY		
DOCUMENT <b>#</b>	DUNCAN	MICHAEL D		s	TREET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP	50 S MER	MICHAEL D. IDIAN #202 OLIS IN 46204		c	ITY-ST-ZIP				
DOCUMENT # NAME	OST, FREI		,	s	TREET ADDRESS	500010384 01/21/0301040002			
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DOCUMENT # NAME		WILLIAM L.		s	TREET ADDRESS	A Commence of the Commence of			
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DOCUMENT / NAME				s	TREET ADDRESS	131			
STREET ADDRESS				C	ITY-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 logal 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

01/14/03 (317) 638-3900