

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**

FILED
03 JAN 21 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-1698570	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	500010384835
NAME	OST, FRED A., JR.	CITY-ST-ZIP	01/21/03--01040--002 **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			
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NAME		CITY-ST-ZIP	
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/14/03 (317) 638-3900
Date Daytime Phone #

CR2E003 (10/02)

0018907 MB