2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9400000513 1. Entity Name LAKESHORE PARTNERS, A LIMITED PARTNERSHIP				SECRETARY OF THE
				SECRETARY OF STATE DIVISION OF CORPORATIONS
1285 GULF SHORE BLVD. N #6-D 1285 NAPLES FL 33940 NAPLE		Mailing Address 1285 GULF SHORE BLVD. NAPLES FL 34102-4964	N. #6-D	00 MAY - 1 PM 12: 06
2. Principal Place of Business . 3. Mailing Addres			WER WAY	I (BECRU (AIR 1811) BRILL BRIL
Suite, Apt. #, etc.		7900 BAYFLOWER WAY Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State OR LANDO, FLORIDA		
34/	Country 6: Name and Address of Current R	Zip 32836	Country USA	5. Certificate of Status Desired \$8.75 Additional Fee Required 7Name and Address of New Registered Agent
	O Haille alle Address C. Commun.	agistored Hyent	Name	Fretamine with constraint and the constraint and th
FITZGIBBON, NAOMI C 1285 GULF SHORE BLVD. N., #6-D			Street Addre	ess (P.O. Box Number is Not Acceptable)
NAPLES F	FL 33940			
			City	FL Zio Code 34102
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regi	istered agent, or both, in the State of Florida.
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: F	Registered Agent signature req	quired when reinstating) DATE
9. Capital Cor as Shown o	on record.	10. Amount of Capital in FLORIDA to date	е.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	A GENERAL PARTNER TH NOTE: General Partners MAY	IAT IS A BUSINESS ENTI I NOT be changed on the	ITY MUST BE REG form; an amendn	SISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner.
12.	GENERAL PARTNER		13.	ADDRESS CHANGES ONLY
DOCUMENT# NAME	P98000019582 INGERSOLL, MILLER CORPORATION 1285 GULF SHORE BLVD., N., SUITE 6-D		· STREET ADDRESS	
STREET ADDRESS CITY - ST - ZIP	NAPLES FL 33940	ліс о о	CFTY - ST - ZBP	34102
DOCUMENT# NAME			STREET ADDRESS	
STREET ADDRESS CITY+ST-ZIP			CITY-ST-ZIP	5000032735057
DOCUMENT#= NAME	المراجع المراجع	ى رىيىدىدىنىيىلىق يەقلىلىدە بىر بىد	STREET ADDRESS -	****535.00 ****535.00
STREET ADDRESS CITY - ST - ZIP	•		CITY-ST-ZIP	
Document# Name			STREET ADDRESS	
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP	
DOCUMENT# NAME			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT# NAME			STREET ADDRESS	
STATEET ADDRESS CITY ST-ZIP			CITY-ST-ZIP	
infileated	certify that the information supplied with to on this report is true and accurate and the or trustee empowered to execute this	hat my signature shall have th	e same legal effect as	n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or