2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000513

1. Entity Name
LAKESHORE PARTNERS, A LIMITED PARTNERSHIP

FILED
03 MAY -1 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000856562 AT

Principal Place of Business	Mailing Address
1285 GULF SHORE BLVD. N., #6-D NAPLES FL 34102	7900 BAYFLOWER WAY ORLANDO FL 32836

2. Principal Place of Business		3. Mailing Address	
		9035 EASTERLING DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: ORLANDO FL	
Zip	Country	Zip: 32819	Country: USA

DUE BY MAY 1, 2003

4. FEI Number 65-0509306 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGIBBON, NAOMI C
1285 GULF SHORE BLVD. N., #6-D
NAPLES FL 34102

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $2,132,925.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 / CITY-ST-ZIP	P98000019582 INGERSOLL, MILLER CORPORATION 1285 GULF SHORE BLVD., N., SUITE 6-D NAPLES FL 34102	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	500017821975 05/01/03--01048--001 **535.00
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CR2E003 (10/02)

STAPLE CHECK HERE

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: REQUIRED MATTHEW FITZGIBBON - TREASURER 4/24/03 407-909-9059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #