


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 14 AM 8:46

with
12/21



LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership LAKESHORE PLAZA, LTD.		1a. DOCUMENT # A95000001115	
Mailing Address C/O LAKESHORE PLAZA 1830 EMBASSY DR. WEST PALM BEACH FL 33401	Principal Office Address C/O LAKESHORE PLAZA 1830 EMBASSY DR. WEST PALM BEACH FL 33401	3. Date Formed or Registered 07/17/1995 3a. Date of Last Report 11/07/1997 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	5a. Capital Contributions as Shown on record. \$785,000.00 5b. Amount of Capital Contributions in FLORIDA to date. 6. FEI Number 59-2524549 7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SINGER, BERNARD A ESQUIRE 4700 SHERIDAN ST., STE. B HOLLYWOOD FL 33021	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) LSP MANAGEMENT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O LAKESHORE PLAZA,	11b. City, State & Zip Code W. PALM BEACH FL 3340	11c. Registration/ Document Number P95000056568
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

12/9/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E03 (8/98)