


2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #A96000000434					
1. Entity Name LAKESIDE TELECOM LAND LIMITED PARTNERSHIP					
Principal Place of Business 3225 Aviation Avenue Suite 700 Coconut Grove, FL 33133			Mailing Address 3225 Aviation Avenue Suite 700 Coconut Grove, FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0661163				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Stewart Marcus 3225 Aviation Avenue, Suite 700 Coconut Grove, Florida 33133			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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. Capital Contributions as Shown on record \$250,000		10. Amount of Capital Contributions in FLORIDA to date		11. MAKE CHECK PAYABLE TO 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	P96000015395 Lakeside Telecom Land, Inc. 3225 Aviation Avenue, Suite 700 Coconut Grove, Florida 33133		STREET ADDRESS CITY-ST-ZIP	200004437562--2 -06/22/01--01078--012 ****535.00 ****535.00	
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11. 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 			PRESIDENT 4/30/01 (305) 860-8188		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER STEWART MARCUS			Date Daytime Phone #		