FILE ON OR BE[FORE] [DEC]EMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT [TO] [REV]OCATION AND $500 PENALTY FEE

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DIVISION OF CORPORATIONS
97 NOV 17 PM 1:41

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A97000002390

LAKESIDE CORPORATE PARK AT WESTON, LTD.

Mailing Address / Principal Office Address
600 Corporate Drive, Suite 512
Fort Lauderdale, Florida 33334

3. Date Formed or Registered: **10/31/97**

3a. Date of Last Report:

4. State or Country of Formation: **Florida**

5a. Capital Contributions as Shown on record: **$10,000**

5b. Amount of Capital Contributions in FLORIDA to date: **$10,000**

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip / Country

6. FEI Number ☒ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

David Weisman
c/o Abrams Anton P.A.
2021 Tyler Street
Hollywood, Florida 33020

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc
City **FL** Zip Code

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 11/4/97

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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
James & Company at Lakeside, Inc.	**600 Corporate Drive Suite 512**	**Fort Lauderdale, Florida 33334**	**P97000093426**

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****175.75 ****175.75

CR2E003 (6/97)

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 11-7-97

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____