200	1 UNI	FORM BU	SINESS R	EPOR'	T (UBI	R)		
DOCUMENT # A9900000060  1. Entity Name						TELLED :		
LAKESIDE MHP, LTD.						01	FILED APR -9 PH 12: 31	
Principal Place 5306 CORTEZ BRADENTON	ROAD W S		5306 CORTEZ R	Mailing Address 5306 CORTEZ ROAD W SUITE FOUR BRADENTON FL 34210			SECRETARY OF STATE ALLAHASSEE, FLORIDA	
2. Principal F	Place of Busin	ness	3. Mailing Addr	3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State	City & State			4. FEI Number Applied For Not Applicable	
Zip		Country	Zip	C	ountry		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					Name		7. Name and Address of New Registered Agent	
HOWELL, ERIC D 5306 CORTEZ ROAD W., SUITE FOUR BRADENTON FL 34210					Street Address (P.O. Box Number is Not Acceptable)			
					City	FL Zip Code		
8. The above	named entit	y submits this statemer	nt for the purpose of cha		stered office or	r registere	ered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed	or printed name of registered as	gent and title if applicable.	(NOTE: Regis	stered Agent signat	ure required v	d when reinstating) DATE	
9. Capital Contributions as Shown on record. \$270,000.00 In FLORIDA to date					ntributions 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								
	li a radancia i				STREET ADDRESS			
NAME MIDWAY PARTNERS, INC.  STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34210			E FOUR		CIFY-ST-ZIP			
DOCUMENT # NAME					STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				(	CITY-ST-ZIP		0000040126287	
DOCUMENT # NAME							<del>2000040135287</del> -04/17/0101081003 ****526.25 ****526.25	
STREET ADDRESS CITY-ST-ZIP				(	CITY-ST-ZIP			
DOCUMENT #					STREET ADDRESS			
STREET ADDRESS CITY: ST-ZIP				(	CITY-ST-ZIP			
DOCUMENT #					STREET ADDRESS		•	

14. I hereby certify that the information supplied with this filing does not qualry 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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

SKINATURE AND DEEDOR PRINTED NAME OF SIGNING GENERAL PARTINER Eric D. Howell, President, Midway Partners,

04/01/01

<u>(941) 794-3262</u>

Daytime Phone #