2002 UNIFORM BUSINESS REPORT (UBR)

000119 AT

DOCUMENT # A97000002052

1. Entity Name

OAKLAND COMMERCIAL PROPERTIES, LTD., LLLP

FILED

02 JAN 28 PM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~4317~~ NORTH STATE ROAD 7 4329	~~4317~~ NORTH STATE ROAD 7
FT. LAUDERDALE FL 33319	FT. LAUDERDALE FL 33319
4329	

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORN, STEPHEN H	Name
~~4317~~ NORTH STATE ROAD 7	Street Address (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33319	
4329	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$2,850,000.00		

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 #	319041	STREET ADDRESS	4329 N. State Rd 7
NAME	LESGREEN CORP.	CITY-ST-ZIP	
STREET ADDRESS	4317 NORTH STATE ROAD 7		
CITY-ST-ZIP	FT. LAUDERDALE FL 33319		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600004850286 2
NAME		CITY-ST-ZIP	-01/31/02--01034--016
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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: Stephen H. Corn, V.P., Lesgreen Corp. - General Partner SIGNATURE REQUIRED 1-11-02 954-484-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #