

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002052 1. Entity Name OAKLAND COMMERCIAL PROPERTIES, LTD., LLLP		
Principal Place of Business 4329 NORTH STATE ROAD 7 FT. LAUDERDALE, FL 33319		

Mailing Address 4329 NORTH STATE ROAD 7 FT. LAUDERDALE, FL 33319	
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03172004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2108645	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CORN, STEPHEN H 4329 NORTH STATE ROAD 7 FT. LAUDERDALE, FL 33319	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE
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9. Capital Contributions as Shown on record. \$2,850,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
NAME	LESGREEN CORP.	CITY- ST- ZIP	
STREET ADDRESS	4329 NORTH STATE ROAD 7		
CITY- ST- ZIP	FT. LAUDERDALE, FL 33319		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

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 04/05/04 00070 000 526.25

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: 	3-22-04	954-484-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE