

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 21, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000000946

1. Entity Name
OAKLAND UNIVERSITY MANAGEMENT ASSOCIATES LTD.



Principal Place of Business

**C/O ROSEN ASSOCIATES MANAGEMENT CORP.
33 SOUTH SERVICE ROAD
JERICO, NY 11753-1006**

Mailing Address

**C/O ROSEN ASSOCIATES MANAGEMENT CORP.
33 SOUTH SERVICE ROAD
JERICO, NY 11753-1006**



02272006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3934679

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHAHADY, JOHN J
HOUSTON & SHAHADY
350 E. LAS OLAS BLVD, STE. 1-700
FT. LAUDERDALE, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**1000000476271
14/06/06-80003-007 500.00**

**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

DOCUMENT # **P98000019706**
NAME **OAKLAND/UNIVERSITY CORP.**
STREET ADDRESS **33 SOUTH SERVICE ROAD**
CITY-ST-ZIP **JERICO, NY 117531006**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 holder empowered to execute this report as required by Chapter 624, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

VP, Secy Treas

Date

Daytime Phone #

STAPLE CHECK HERE