

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000000707

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** CMS OAKLEIGH PARCELS ASSOCIATES, LIMITED PARTNERSHIP

**Current Principal Place of Business:**

C/O CMS AFFILIATED PARTNERSHIPS  
308 E. LANCASTER AVENUE, SUITE 300  
WYNNEWOOD, PA 19096 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DONNA RITTERSHAUSEN, CMS COMPANIES  
308 E. LANCASTER AVENUE, SUITE 300  
WYNNEWOOD, PA 19096 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: B02000000166  
Name: CMS OAKLEIGH PARCELS PARTNERS, L.P.  
Address: 308 E. LANCASTER AVENUE, SUITE 300  
City-St-Zip: WYNNEWOOD, PA 19096 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD A. MITCHELL

V

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date