

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 AM 10:02

DOCUMENT # A07000001434

1. Entity Name
 2857 EAST OAKLAND LLLP



Principal Place of Business
 7601 JANE STREET
 CONCORD, ONTARIO CANADA, L4K 1-X2 XX

Mailing Address
 7601 JANE STREET
 CONCORD, ONTARIO CANADA, L4K 1-X2 XX



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04022008 Chg-LP CR2E003 (12/06)

4. FEI Number
 98-0562128

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 OLEFSON, SHARI
 200 E. LAS OLAS BLVD., SUITE 1700
 C/O ARNSTEIN & LEHR LLP
 FORT LAUDERDALE, FL 33301

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 #	F07000006325	STREET ADDRESS	
NAME	OAKLAND ONE CORP.	CITY-ST-ZIP	200122772142 04/10/08--01004--020 **508.75
STREET ADDRESS	7601 JANE STREET		
CITY-ST-ZIP	CONCORD, ONTARIO CANADA, L4K 1X2		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** _____ **Date** _____ **Daytime Phone #** _____

STAPLE CHECK HERE