

# 2000 UNIFORM BUSINESS REPORT (UBR)

00151213 AF

DOCUMENT # **A98000000946**

1. Entity Name

**OAKLAND UNIVERSITY MANAGEMENT ASSOCIATES LTD.**

FILED

00 APR -6 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O ROSEN ASSOCIATES MANAGEMENT CORP. 33 SOUTH SERVICE ROAD JERICHO NY 11753-1006	C/O ROSEN ASSOCIATES MANAGEMENT CORP. 33 SOUTH SERVICE ROAD JERICHO NY 11753-1006



DO NOT WRITE IN THIS SPACE

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

4. FEI Number	Applied For
<b>11-3934679</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name JOAN J. SHAHADY

Street Address (P.O. Box Number is Not Acceptable) HOUSTON - SHAHADY

316 NE 4th ST.

City FORT LAUDERDALE FL Zip Code 33301

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 [Signature] (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$850.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P98000019706	STREET ADDRESS	<del>7000003217217</del> C
NAME	OAKLAND/UNIVERSITY CORP.	CITY - ST - ZIP	<del>-04/21/00--01002--002</del>
STREET ADDRESS	33 SOUTH SERVICE ROAD		<del>****141.25 ****141.25</del>
CITY - ST - ZIP	JERICHO NY 11753-1006		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)