

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A98000000946

1. Entity Name

OAKLAND UNIVERSITY MANAGEMENT ASSOCIATES LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 23 PM 3:38

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E003 (11/03)

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

7. Name and Address of New Registered Agent

SHAHADY, JOHN J
HOUSTON & SHAHADY
246 NE 4TH STREET
FT. LAUDERDALE FL 33301

New address →

Name

Address of Yoss c/o John J Shahady
Street Address (P.O. Box Number is Not Acceptable)

350 E Las Olas Blvd

Suite I 700

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. 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

9. Capital Contributions
as Shown on record.

\$850.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 JERICHO NY 11753-1006

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

400032197854

04/08/04--01016--033 **141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: *John J. Shahady*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/17/04

516-333-2000

Date

Daytime Phone #

STAPLE CHECK HERE