


**2007. LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Feb 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000946</b> 1. Entity Name <b>OAKLAND UNIVERSITY MANAGEMENT ASSOCIATES LTD.</b>	
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Principal Place of Business <b>C/O ROSEN ASSOCIATES MANAGEMENT CORP. 33 SOUTH SERVICE ROAD JERICHO NY 11753-1006</b>	Mailing Address <b>C/O ROSEN ASSOCIATES MANAGEMENT CORP. 33 SOUTH SERVICE ROAD JERICHO NY 11753-1006</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

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

6. Name and Address of Current Registered Agent <b>SHAHADY, JOHN J HOUSTON &amp; SHAHADY 350 E. LAS OLAS BLVD, STE. I-700 FT. LAUDERDALE FL 33301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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

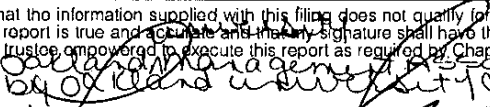
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P98000019706 OAKLAND/UNIVERSITY CORP. 33 SOUTH SERVICE ROAD JERICHO NY 11753-1006</b>	STREET ADDRESS CITY-ST-ZIP	<b>U000000624597 02/14/07-80040-019 500.00</b>
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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:**  **V. P. Tracy** 1/29/07 516-333-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE