

A98000000946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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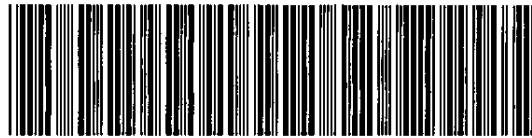
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**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** Oakland University Management Associates, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A98000000946

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Louis A. Wichman

(Contact Person)

Oakland University Associates, LTD

(Firm/Company)

33 South Service Road

(Address)

Jericho, NY 11753

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Louis A. Wichman

(Name of Contact Person)

at ( 516 ) 333-2000 ext 118

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

INHS04 (01/06)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2007

LOUIS A WICHMAN  
33 SOUTH SERVICE ROAD  
JERICHO, NY 11753

SUBJECT: OAKLAND UNIVERSITY MANAGEMENT ASSOCIATES LTD.  
Ref. Number: A98000000946

We have received your document for OAKLAND UNIVERSITY MANAGEMENT ASSOCIATES LTD. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 407A00036755

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(850) 245-6097

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Oakland University Management Associates, LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/16/1998

Date of filing/registration in Florida

3. A98000000946

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Shahady, John J. Esq.

Name

350 E. Los Olas Blvd., Suite 1700

Address

Fort Lauderdale, FL 33301

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Mohammadbhooy, Adam c.o Harlee & Bald P.A.

Name

202 Old Main Street

Florida street address (P.O. Box not acceptable)

Bradenton FL 34205

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Oakland University Management Associates, LTD @.P.  
by Oakland University Corp. G. P.

Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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