

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 AM 11:32

DOCUMENT # A98000000946

1. Entity Name
OAKLAND UNIVERSITY MANAGEMENT ASSOCIATES LTD.



Principal Place of Business
**C/O ROSEN ASSOCIATES MANAGEMENT CORP.
 33 SOUTH SERVICE ROAD
 JERICO, NY 11753-1006**

Mailing Address
**C/O ROSEN ASSOCIATES MANAGEMENT CORP.
 33 SOUTH SERVICE ROAD
 JERICO, NY 11753-1006**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242008

Chg-LP

CR2E003 (12/06)

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

**MOHAMMADBHOORY, ADAM
 C/O HARLLEE & BALD P.A.
 202 OLD MAIN STREET
 BRADENTON, FL 34205**

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

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

DATE

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

DOCUMENT # **P98000019706**
 NAME **OAKLAND/UNIVERSITY CORP.**
 STREET ADDRESS **33 SOUTH SERVICE ROAD**
 CITY-ST-ZIP **JERICO, NY 117531006**

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13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

500123021825
04/11/08--01020--005 **500.00

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

VP, Sec. Treas 3/26/08 516-333-2000
 Date Daytime Phone #

STAPLE CHECK HERE