

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000946**

1. Entity Name
OAKLAND UNIVERSITY MANAGEMENT ASSOCIATES LTD.



FILED

03 APR 10 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-3934679	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 316 NE 4TH STREET FT. LAUDERDALE FL 33301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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.

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
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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	200015652072
NAME	OAKLAND/UNIVERSITY CORP.	CITY-ST-ZIP	04/10/03--01083--022 **141.25
STREET ADDRESS	33 SOUTH SERVICE ROAD		
CITY-ST-ZIP	JERICHO NY 11753-1006		
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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: *Oakland University Management Associates Ltd*
by Oakland University Management Associates Ltd
SIGNATURE REQUIRED *vice president 3/18/03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER