


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

<b>DOCUMENT # A98000000947</b>	
1. Entity Name <b>OAKLAND UNIVERSITY ASSOCIATES LTD.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 16 AM 10:31



MOORE CR2E003 (11/03)

Principal Place of Business <b>33 SOUTH SERVICE ROAD JERICHO NY 11753</b>	Mailing Address <b>33 SOUTH SERVICE ROAD JERICHO NY 11753</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>11-3434677</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<del>SHAHADY, JOHN J ESQ. HOUSTON &amp; SHAHADY 316 NE 4TH STREET FT. LAUDERDALE FL 33301</del>	

7. Name and Address of New Registered Agent	
Name	<b>Shahady, John J Esq, Mornoff &amp; Yoss</b>
Street Address (P.O. Box Number is Not Acceptable)	
<b>350 E Las Olas Blvd</b>	
Suite, Apt. #, etc.	
<b>Suite I 200</b>	
City	<b>Fort Lauderdale</b>
State	<b>FL</b>
Zip	<b>33301</b>

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. <b>\$80,850.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	<b>A98000000946</b>	STREET ADDRESS	
NAME	<b>OAKLAND UNIVERSITY MANAGMENT ASSOC. LTD.</b>	CITY-ST-ZIP	<b>000031758900</b>
STREET ADDRESS	<b>33 SOUTH SERVICE ROAD</b>		<b>04/02/04 01079 021 **526.25</b>
CITY-ST-ZIP	<b>JERICHO NY 11753-1006</b>	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_