

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM****Secretary of State****DOCUMENT # A98000001579**1. Entity Name  
**OAKLAND PARK C/T LIMITED PARTNERSHIP**

Principal Place of Business		Mailing Address	
9130 S. DADELAND BLVD., SUITE 1528		9130 S. DADELAND BLVD., SUITE 1528	
MIAMI 33156	FL	MIAMI 33156	FL

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	9130 S. DADELAND BLVD., #1528

City & State		City & State	
MIAMI	FL	MIAMI	FL
Zip	Country	Zip	Country
33156		33156	

4. FEI Number	Applied For
<b>39-1935314</b>	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
  
**OAKLAND PARK C/T, INC.**  
**9130 S. DADELAND BLVD., SUITE 1528**  
  
**MIAMI** **FL**  
**33156**7. Name and Address of New Registered Agent  

Name
<b>CHARLTON DAVID K</b>
Street Address (P.O. Box Number is Not Acceptable)
<b>9130 S. DADELAND BLVD., SUITE 1528</b>
City
<b>MIAMI</b> <b>FL</b> Zip Code
<b>33156</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.

SIGNATURE **DAVID K. CHARLTON, SR. VP****04/26/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record. **5,000.00**10. Amount of Capital Contributions  
in FLORIDA to date. **5,000.00****11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION****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 #	
NAME	<b>OAKLAND PARK C/T, INC.</b>
STREET ADDRESS	<b>9130 S. DADELAND BLVD., SUITE 1528</b>
CITY-ST-ZIP	<b>MIAMI FL 33156</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	

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: **DAVID K. CHARLTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNERSVST **04/26/2001**

Date

Daytime Phone #

CR2E003 (11/00)