


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

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| DOCUMENT # B93000000143 |  |
| 1. Entity Name ALLBER VENTURES (OUTLOOK), LTD. | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 8:56

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|---|--|
| Principal Place of Business 10649 MASTERS DRIVE CLERMONT FL 34711 | Mailing Address ONE YORKDALE ROAD, SUITE 510 TORONTO, ONTARIO CANADA M6A 3A1 |
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|---|-----------------------|
| 2. Principal Place of Business 9617 SPRING LAKE DRIVE | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State CLERMONT, FL | City & State |
| Zip 34711 | Country USA |

[Handwritten signature]

1st MOORE CR2E003 (10/05)

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|---|--|
| 4. FEI Number 98-0109465 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PRATT, JAMES R ESQ. 369 NORTH NEW YORK AVENUE, 3RD FLOOR WINTER PARK FL 32789 | |
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # | F93000001591 | STREET ADDRESS | |
| NAME | 847895 ONTARIO LIMITED CORPORATION | CITY-ST-ZIP | |
| STREET ADDRESS | ONE YORKDALE ROAD, SUITE 510 | | |
| CITY-ST-ZIP | NORTH YORK, ONT., CANADA | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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STAPLE CHECK HERE

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]* April 10, 2006 416-785-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #