

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

DOCUMENT # B93000000143

1. Entity Name  
ALLBER VENTURES (OUTLOOK), LTD.



Principal Place of Business  
9617 SPRING LAKE DRIVE  
CLERMONT, FL 34711

Mailing Address  
ONE YORKDALE ROAD, SUITE 510  
TORONTO, ONTARIO  
CANADA M6A 3A1,

FILED

2007 APR 30 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04202007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
98-0109465

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007, 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 # F93000001591  
NAME 847895 ONTARIO LIMITED CORPORATION  
STREET ADDRESS ONE YORKDALE ROAD, SUITE 510  
CITY-ST-ZIP NORTH YORK, ONT., CANADA,

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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200102356362  
05/14/07--01071--023 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

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

APR 25 2007

416-785-6000

Date

Daytime Phone #

LAWRENCE LUBIN

STAPLE CHECK HERE