


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 12: 26

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,



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 One Yorkdale Road
 Suite 601
 Toronto, Ontario
 M6A 3A1 Canada

04112008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent
 PRATT, JAMES R ESQ.
 369 NORTH NEW YORK AVENUE, 3RD FLOOR
 WINTER PARK, FL 32789

4. FEI Number
 98-0109465

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

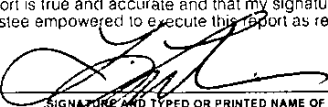
DATE
 05/01/08--01034--016 **500.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F93000001591	STREET ADDRESS	One Yorkdale Road, Suite 601
NAME	847895 ONTARIO LIMITED CORPORATION	CITY-ST-ZIP	Toronto, Ontario Canada M6A 3A1
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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STREET ADDRESS			
CITY-ST-ZIP			

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:  10 APR 2008 416 785 6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #