

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

C006123 AF

DOCUMENT # **L99000004530**

1. Entity Name
OAKS CENTER MANAGEMENT, LLC

00 MAY 18 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4500 PGA BLVD., STE 303A PALM BEACH GARDENS FL 33418	Mailing Address 4500 PGA BLVD., STE 303A PALM BEACH GARDENS FL 33418-3965
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-2191406	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEPHANOS, DIANE L 4500 PGA BLVD., STE 303A PALM BEACH GARDENS FL 33418		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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIVOSTA CHILDREN'S TRUST HOLDINGS LTD 4500 PGA BLVD., STE 303A PALM BEACH GARDENS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003285421-- -06/12/00--01119--008 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Diane L. Stephanos, Co-Trustee of Managing Member 561/691-9050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #
 Diane L. Stephanos, Co-Trustee of Managing Member

CR2E083 (9/99)