

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000004530

1. Entity Name
OAKS CENTER MANAGEMENT, LLC



Principal Place of Business
4500 PGA BLVD., STE 207
PALM BEACH GARDENS, FL 33418

Mailing Address
4500 PGA BLVD., STE 207
PALM BEACH GARDENS, FL 33418



03212006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2191406** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHANOS, DIANE L
4500 PGA BLVD., STE 207
PALM BEACH GARDENS, FL 33418

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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 _____ (NOTE: Registered Agent signature required when reinstated) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. **MANAGING MEMBERS/MANAGERS**

TITLE **MGRM**
 NAME **D & S OF SOUTH FLORIDA HOLDINGS, LTD.**
 STREET ADDRESS **4500 PGA BLVD., STE 207**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

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 05/10/06-80048-004 50.00

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11. 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 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #