


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000001215 1. Entity Name OAKS CENTER OF THE PALM BEACHES, LTD.					
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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0936853	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STEPHANOS, DIANE L 4500 PGA BLVD., STE 207 PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$3,960,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	L99000004530		STREET ADDRESS	U000000361249	
NAME	OAKS CENTER MANAGEMENT LLC		CITY-ST-ZIP	05/05/05-80068-U06 526.25	
STREET ADDRESS	4500 PGA BLVD., STE 207				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Judith M. Balui</i></u> Judith M. Balui <u>3-24-05</u> <u>561-691-9050</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE