

**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**

**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 (if applicable)

(NOTE: Registered Agent signature required when reinstated)

DATE

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

9. **MANAGING MEMBERS/MANAGERS**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**000000541179
05/10/06-80048-004 50.00**

**DO NOT WRITE
IN THIS SPACE**

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

3/27/06

Date

561-671-9050

Daytime Phone #