2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # A99000001215

1. Entity Name
OAKS CENTER OF THE PALM BEACHES, LTD.

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

DO NOT WRITE IN THIS SPACE

02222008 No Chg-LP CR2E003 (12/06)

4. FEI Number
65-0936853
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** 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 _____ DATE
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

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

DOCUMENT #	L99000004530
NAME	OAKS CENTER MANAGEMENT LLC
STREET ADDRESS	4500 PGA BLVD., STE 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
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UD00000937398
05/27/08-80049-009 500.00

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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: _____ Judith M. Galui 3/19/08 561/691-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #