

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008429 AF

**DOCUMENT # A97000000286**

1. Entity Name

**OAKLAND CENTER ASSOCIATES, LTD.**

**FILED**

Principal Place of Business  
**337 EAST INDIANTOWN ROAD  
 JUPITER FL 33477**

Mailing Address  
**337 EAST INDIANTOWN ROAD  
 JUPITER FL 33477**

**01 APR -3 AM 7:39**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0704537**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERSON, GARY N  
 NASON GILDAN YEAGER GERSON & WHITE, P.A.  
 1645 PALM BEACH LAKES BLVD., SUITE 1200  
 WEST PALM BEACH FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$1,600,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
 SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P96000094077**  
 NAME **DENZAR COMMERCE, INC.**  
 STREET ADDRESS **337 EAST INDIANTOWN ROAD**  
 CITY-ST-ZIP **JUPITER FL 33477**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
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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)(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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/29/01** **561 743 6900**  
 Date Daytime Phone #

CR2E003 (11/00)