

**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
May 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # A97000000286

1. Entity Name
OAKLAND CENTER ASSOCIATES, LTD.



Principal Place of Business
**580 VILLAGE BLVD., SUITE 300
WEST PALM BEACH, FL 33409**

Mailing Address
**580 VILLAGE BLVD., SUITE 300
WEST PALM BEACH, FL 33409**

DO NOT WRITE IN THIS SPACE



04212006 No Chg-LP CR2E003 (11/05)

4. FEI Number **65-0704537** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DENHOLTZ, STEWART F
580 VILLAGE BLVD., SUITE 300
WEST PALM BEACH, FL 33409**

**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 title if applicable

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$800.00**

1100000541750
05/10/06-80072-019 500.00

**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 # **P96000094077**
NAME **DENZAR COMMERCE, INC.**
STREET ADDRESS **580 VILLAGE BLVD., SUITE 300**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

St. J.

S. DENHOLTZ

3/24/06

561.292.0100