

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001215**

1. Entity Name

OAKS CENTER OF THE PALM BEACHES, LTD.

APPROVED
AND
FILED

01 MAY -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4500 PGA BLVD., STE 303A 207 4500 PGA BLVD., STE 303A 207
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0936853		APPLIED FOR		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Not Applicable	
City & State		City & State							
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
STEPHANOS, DIANE L 4500 PGA BLVD., STE 303A 207 PALM BEACH GARDENS FL 33418				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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. \$3,960,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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			
NAME	OAKS CENTER MANAGEMENT LLC			CITY-ST-ZIP			
STREET ADDRESS	4500 PGA BLVD., STE 303A 207						
CITY-ST-ZIP	PALM BEACH GARDENS FL						
DOCUMENT #				STREET ADDRESS	789894272387-5		
NAME				CITY-ST-ZIP	-05/21/01--01019--005		
STREET ADDRESS					****526.25 ****526.25		
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NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							

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: Diane L Stephanos 4-24-01 561-691-9050
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0007363 AF

CR2E003 (11/00)