

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

5/26/05

001880
AT

DOCUMENT # A99000001215

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

02 APR 24 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DUE BY MAY 1, 2002

City & State	City & State	4. FEI Number 65-0936853	Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

STEPHANOS, DIANE L
4500 PGA BLVD., STE 207
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. **\$3,960,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

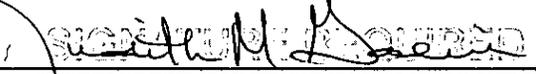
**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800005389378--2
CITY-ST-ZIP	04/30/02 01010 020 *****526.25 *****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/02 561/691-9050
Date Daytime Phone #

CR2E003 (9/01)