FILED
May 05, 2005 08:00 AM
Secretary of State

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A99000001215

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

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062005 Chg-LP CR2E003 (10/03)

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

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. 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.

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

10. Amount of Capital Contributions in FLORIDA to date.

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	U00000361249
NAME	OAKS CENTER MANAGEMENT LLC		
STREET ADDRESS	4500 PGA BLVD., STE 207	CITY-ST-ZIP	05/05/05--00068--006 526.25
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
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STAPLE CHECK HERE

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: Judith M. Balin 3-24-05 561-691-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #