2067 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A99000001215

OAKS CENTER OF THE PALM BEACHES, LTD.



FILED Apr 27, 2007 08:00 Al Secretary of State

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



02082007 No Chg-LP

CR2E003 (12/06)

4,	FEI Number		Applied For
	65-0936853	 	Not Applicable
5.	Certificate of Status Desired	\$8.75 Fee Re	Additional quired

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEPHANOS, DIANE L

	BLVD., STE 207 ACH GARDENS, FL 33418	IN THIS SPACE		
	named entity submits this statement for the purpose of changing its reions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE .	Signature, typed or printed name of registered agent and title if applicable.	DATE		
	FILE NOWILL FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	00 TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.		
		form; an amendment must be filed to change a general partner.		
12.	GENERAL PARTNER INFORMATION	, , , , , , , , , , , , , , , , , , , ,		
DOCUMENT # NAME STREET ADDRESS CITY-SY-ZIP	L9900004530 OAKS CENTER MANAGEMENT LLC 4500 PGA BLVD., STE 207 PALM BEACH GARDENS, FL 33418			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	T NEW BEFOIT OF THE ENGINEER			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
DOCUMENT # NAME STREET ADDRESS		U00000739326		

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 920, Florida Statutes

SIGNATURE:

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

Cathy A. DiVosta

3/28/07

561/691-9050

05/14/07-80022-021 500.00