

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90050 032 ****50.00

DOCUMENT # L03000029288

1. Entity Name

OAKS CENTER, LLC



Principal Place of Business

1500 CARIBBEAN DR.
SARASOTA FL 34231

Mailing Address

1500 CARIBBEAN DR.
SARASOTA FL 34231

2. Principal Place of Business

411 Vanderkloof Dr.

3. Mailing Address

411 Vanderkloof Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Osprey FL 34229

City & State

Osprey FL 34229

4. FEI Number

06-1704148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIANNINI, GIUSEPPE
1500 CARIBBEAN DR.
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name *Giannini Management Enterprises LLC*
Street Address (P.O. Box number is not acceptable)

411 Vanderkloof Dr.

City

Osprey

FL

Zip Code

34229

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]

Alex A. Giannini - Manager

3/10/2006

(Signature, word, or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when substituting)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME GIANNINI, GIUSEPPE
STREET ADDRESS 1500 CARIBBEAN DRIVE
CITY-ST-ZIP SARASOTA FL 34231

TITLE MGRM ☐ Delete
NAME GIANNINI, GIOVANNA
STREET ADDRESS 1500 CARIBBEAN DRIVE
CITY-ST-ZIP SARASOTA FL 34231

TITLE MGR ☐ Delete
NAME GIANNINI, ALESSANDRO A
STREET ADDRESS 411 VANDERKLOOR DR
CITY-ST-ZIP OSPREY FL 34229

TITLE MGR ☐ Delete
NAME GIANNINI, MARIA PIA
STREET ADDRESS 3013 CLARK ROAD
CITY-ST-ZIP SARASOTA FL 34231

TITLE MGR ☐ Delete
NAME GIANNINI, FRANCESCA
STREET ADDRESS 12706 ROCKROSE GLEN
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] - Managing Member

3/10/2006

941-918-4442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #