
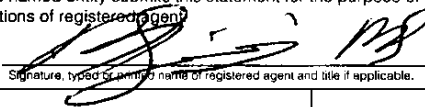
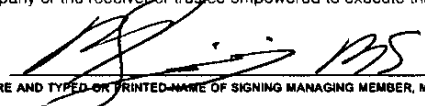


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90063 039 ****50.00

60004031

DOCUMENT # L03000029288 1. Entity Name OAKS CENTER, LLC					
Principal Place of Business 411 VANDERKLOOT DR OSPNEY, FL 34229			Mailing Address 411 VANDERKLOOT DR OSPNEY, FL 34229		
2. Principal Place of Business - No P.O. Box # 8620 S. TAMiami Trail		3. Mailing Address 8620 S. TAMiami Trail			
Suite, Apt. #, etc. Suite N-P		Suite, Apt. #, etc. Suite N-P			
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34238	Country U.S.A.	Zip 34238	Country U.S.A.	01042007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 06-1704148				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent GIANNINI MANAGEMENT ENTERPRISES, LLC 411 VANDERKLOOT DR OSPNEY, FL 34229			7. Name and Address of New Registered Agent Name Giannini Management Enterprises, LLC Street Address (P.O. Box Number is Not Acceptable) 8620 S. TAMiami Trail, Suite N-P City Sarasota FL Zip Code 34238		
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 1/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIANNINI, GIOVANNA 1500 CARIBBEAN DRIVE SARASOTA, FL 34231	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIANNINI, ALESSANDRO A 411 VANDERKLOOR DR OSPNEY, FL 34229	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIANNINI, MARIA PIA 3013 CLARK ROAD SARASOTA, FL 34231	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIANNINI, FRANCESCA 12706 ROCKROSE GLEN BRADENTON, FL 34202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 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:  DATE 1/10/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					