## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L99000004530

1. Entity Name

OAKS CENTER MANAGEMENT, LLC



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

Principal Place of Business

Mailing Address

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



02082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2191406

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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	named entity submits this statement for the purpose of cha ions of registered agent.	anging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			U00000738276 05/11/07~80061-016 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	D & S OF SOUTH FLORIDA HOLDINGS, LTD.		
STREET ADDRESS	4500 PGA BLVD., STE 207		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Cathy A. DiVosta 3/28/07 561/691-9050