CR2E083 (10/02)

## 2003 LIMITED LIABILITY COMPANY

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DOCUMENT # L9900004530  1. Entity Name							Anna James	D			
OAKS CENTER MANAGEMENT, LLC						(	3 MAY - I P				
Principal Place of Business Mailing Address				<del></del>							
4500 PGA BLVD STE 207 PALM BEACH GARDENS FL 33418		4500 PGA BLVD STE 207 PALM BEACH GARDENS FL 33418				TÃ	SECRETARY O LLAHASSEE	F STATE FLORID	Å.		
							OLU OLO KOLIO IRINI OOKU BO	 	AN BARBA BATE	100 <b>11</b> 0 1 <b>11</b>	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State	<u></u>		4. FEI Number 52-2191406 Applied For Not Applicable						
Zip	Country	Zip	Cour	itry		5. Certifica	te of Status Desired		\$5.00 Add Fee Require	ditional	
<del></del>	6. Name and Address of Curre	nt Registered Agent		A1	7. Name and Address of New Ro			Registered A	egistered Agent		
STEPHANOS, DIANE L					Name						
4500	) PGA BLVD., STE 207 M BEACH GARDENS FL 33418			Street Address (P.O. Box Number is Not Acceptable)							
				City	05/01/0301091018 **50.00 FL Zip Code						
	named entity submits this statement ons of registered agent.	for the purpose of changing	its register	ed office or	registere	ed agent, or b	oth, in the State of Fl	orida. I am f	amiliar with,	and accept	
SIGNATURE _											
<del></del>	Signature, typed or printed name of registered ag	ant and title if applicable. (N	OTE: Registere	d Agent signat	ure required	when reinstating)		DATE		<del></del>	
			NOW!!!			nt of Cinta					
		Make Check Paya	ue By M	-		it of State					
9. MANAGING MEMBERS/MANAGERS 10.							ADDITIONS	/CHANCES		<del></del>	
TITLE	MGRM			<del></del>	MGRM		ADDITIONS	TCHANGES	☐ Change	X Addition	
NAME	DIVOSTA CHILDREN'S TRUST HOLDINGS LTD		NAM		D & S	of South	n Florida Hold	ings, Lt	_	44	
STREET ADDRESS 4500 PGA BLVD., STE 207				Palm			., Suite 207 rdens, FL 3341	R			
CITY-ST-ZIP	PALM BEACH GARDENS FL (		CITY	-ST-ZIP		Deach Gar		<del></del>			
TITLE NAME )		☐ Delete	TITL		MGR (	h Galui			Change	X Addition	
STREET ADDRESS				ET ADDRESS	4500	PGA Blvd.	., Suite 207				
CITY-ST-ZIP				-ST-ZIP	Palm	Beach Gar	rdens, FL 3341	8			
TITLE		☐ Delete	TITL		MGR V				Change	X Addition	
NAME .			NAM			Stephano PGA Blvd.	os ., Suite 207				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP			dens, FL 3341	8			
TITLE	····	Delete	TITL		MGR V	<del>}</del>			☐ Change	X Addition	
NAME			NAM		Cathy	Floyd	0				
STREET ADDRESS				ET ADDRESS			, Suite 207 dens, FL 3341	8			
CITY-ST-ZIP		· <del></del>		-ST-ZIP	MGR V					32	
TITLE NAME		☐ Delete	TITLI NAM			<b>i</b> Vosta			☐ Change	Addition 🔼	
STREET ADDRESS				ET ADDRESS			, Suite 207 dens, FL 3341	٥			
CITY-ST-ZIP			CITY	-ST-ZIP	1411		.dens, rt 5541				
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME CTREET ADOREGE			, NAM	1							
STREET ADDRESS CITY-ST-ZIP				et address -St-Zip							
<del></del> .	ertify that the information supplied w	ith this filing does not qualify			ted in Sec	ction 119.07(3	3)(i), Florida Statutes.	I further cert	ify that the in	nformation	
indicated (	on this report is true and accurate and the receiver or trus	nd that my signature shall hav	re the same	e legal effe	ct as if ma	ade under oa	th; that I am a mana				

561/691-9050 Daytime Phone #

SIGNATURE:

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

4/3/03 Date