

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -1 PM 6:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0014228  
AF

DOCUMENT # **L99000003526**

1. Entity Name  
**PERPETUITIES TRUST HOLDINGS, LLC**

Principal Place of Business  
**4500 PGA BLVD., STE 303A 207  
PALM BEACH GARDENS FL 33418**

Mailing Address  
**4500 PGA BLVD., STE 303A 207  
PALM BEACH GARDENS FL 33418**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4500 PGA Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**4500 PGA Blvd.**  
Suite, Apt. #, etc.

City & State  
**Suite 207  
Palm Beach Gardens, FL**

City & State  
**Suite 207  
Palm Beach Gardens, FL**

4. FEI Number **52-2191408**

Applied For  
 Not Applicable

Zip Country  
**33418 USA**

Zip Country  
**33418 USA**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STEPHANOS, DIANE LYNN  
4500 PGA BLVD., SUITE 303A 207  
PALM BEACH GARDENS FL 33418**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MEMBERS**

TITLE **MGRM**  Delete  
NAME **DIVOSTA PERPETUITIES TRUST DATED 06/10/97**  
STREET ADDRESS **4500 PGA BOULEVARD, SUITE 303A 207**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

**10. ADDITIONS / CHANGES**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300004272273--3  
-05/21/01--01016--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  Delete  
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Diane Stephanos* 4/25/01 761-691-9050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)