


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L99000003526**  
 1. Entity Name  
 PERPETUITIES TRUST HOLDINGS, LLC



Principal Place of Business      Mailing Address  
 4500 PGA BLVD., STE 207      4500 PGA BLVD., STE 207  
 PALM BEACH GARDENS, FL 33418      PALM BEACH GARDENS, FL 33418

**DO NOT WRITE IN THIS SPACE**



02082007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
 52-2191408      Not Applicable

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

6. Name and Address of Current Registered Agent  
 STEPHANOS, DIANE LYNN  
 4500 PGA BLVD., STE 207  
 PALM BEACH GARDENS, FL 33418

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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, 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**

1100000738271  
 05/11/07-80061-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIVOSTA PERPETUITIES TRUST DATED 06/10/97 4500 PGA BLVD., STE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALUI, JUDITH M 4500 PGA BLVD., STE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHANOS, DIANE 4500 PGA BLVD., STE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIVOSTA, CATHY 4500 PGA BLVD., STE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIVOSTA, GUY 4500 PGA BLVD., STE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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