

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90078 008 \*\*\*\*50.00

**DOCUMENT # L99000007568**

1. Entity Name  
**DIVOSTA INVESTMENTS, LLC**



Principal Place of Business  
**4500 PGA BOULEVARD, SUITE 207  
PALM BEACH GARDENS, FL 33418**

Mailing Address  
**4500 PGA BOULEVARD, SUITE 207  
PALM BEACH GARDENS, FL 33418**



02202004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0960130**

Applied For  
Not Applicable

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

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

**BRANDT, PHILLIP L  
4500 PGA BOULEVARD, SUITE 207  
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME OTTO B. DIVOSTA REVOCABLE TRUST  
STREET ADDRESS 4500 PGA BLVD., SUITE 207  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE MGRM  
NAME BETTY J. DIVOSTA REVOCABLE TRUST  
STREET ADDRESS 4500 PGA BLVD., STE 207  
CITY-ST-ZIP WEST PALM BEACH, FL 33418

TITLE MGR  
NAME BRANDT, PHILLIP L  
STREET ADDRESS 4500 PGA BLVD., STE 207  
CITY-ST-ZIP WEST PALM BEACH, FL 33418

TITLE MGR  
NAME DIVOSTA, OTTO B  
STREET ADDRESS 4500 PGA BOULEVARD, SUITE 207  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]*

*Phillip Brandt*

*4/1/04*

*561-691-9050*

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

Date

Daytime Phone #