


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

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	03212006 No Chg-LLC CR2E083 (11/05) 4. FEI Number 65-0960130 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
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 _____ 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, 2006		
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	U00000541306 05/10/06-80054-006 50.00	
TITLE MGRM NAME BETTY J. DIVOSTA REVOCABLE TRUST STREET ADDRESS 4500 PGA BLVD., STE 207 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	DO NOT WRITE IN THIS SPACE	
TITLE MGR NAME BRANDT, PHILLIP L STREET ADDRESS 4500 PGA BLVD., STE 207 CITY-ST-ZIP PALM BEACH GARDENS, 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		
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: <u> <i>Phillip Brandt</i> </u> <u> <i>3/21/06</i> </u> <u> <i>561-688-7000</i> </u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		