


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 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

DO NOT WRITE IN THIS SPACE



02222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0960130	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OTTO B. DIVOSTA REVOCABLE TRUST 4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BETTY J. DIVOSTA REVOCABLE TRUST 4500 PGA BLVD., STE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANDT, PHILLIP L 4500 PGA BLVD., STE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIVOSTA, OTTO B 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/27/08-80017-010 138.75

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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: Phillip Brandt 3/4/08 561-691-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #