2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

Diane b. Stephanos, VP

DOCUMENT# A9900000980 1. Entity Name					
DIVOSTA CHILDREN'S TRUST HOLDINGS, LTD.				{	SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place of Business 4500 PGA BLVD SUITE 303-A PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL				-3965	00 APR 28 PM 12: 06
2. Principal Place of Business 3. Mailing Address					(ISTÁLDIA COLO 1910) EDIGI EDIGI SONIA DONIA EDIGI DEGIA EDIGI SOND TANDA DEGIA SONIA
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State			4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	l		7. Name and Address of New Registered Agent
STEPHANOS, DIANE L				Name	
4500 PGA BLVD., SUITE 303-A PALM BEACH GARDENS FL 33418				Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
R The above	named entity submits this statement for	r the ourpose of changi	na its reaisterr	ed office or reals	tered agent, or both, in the State of Florida.
6. 1110 00000	mariod order submitto the statement to	. the perpose of enangin	ge regione		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. Capital Contributions \$4,950,000.00 10. Amount of Capital Contribu					11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
as Shown on record. in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the to				UST BE REGI	STERED AND ACTIVE WITH THIS OFFICE.
12.	GENERAL PARTNER		13.	, an amenum	ADDRESS CHANGES ONLY
DOCUMENT# NAME STREET ADDRESS	DIVOSTA CHILDREN TRUST HOLDINGS, INC. 4500 PGA BLVD., SUITE 303-A		STRE	ET ADORESS	
CITY-ST-ZIP			CITY	-ST-ZIP	400032688240 -05/26/0001085021
DOCUMENT# NAME	,		STR	EET ADDRESS	-05/26/0001085021 ****437.50 ****437.50
STREET ADDRESS CITY-ST-ZBP			CITY	- ST- ZIP	
DOCUMENT# NAME	,		STRE	ET ADDRESS	4000032688240 -05/28/0001085022
STREET ADDRESS CITY+ST-ZIP			СПУ	-ST-ZIP	*****88.75 *****88.75
Document # Name	· ·		STRA	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT# NAME			STR	EET ADDRESS	
STREET ADDRESS			CITY	- ST-ZIP	· · · · · · · · · · · · · · · · · · ·
DOCUMENT # NAME		,	STRE	EFT ADDRESS	
STREET ADDRESS CIL:-ST-ZIP				-ST-ZIP	
 indicated 	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute the	that my signature shall is report as required by	have the same Chapter 620,	e legal effect as Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or

CR2E003 (9/99)

561/691-9050 Daytime Phone *