FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State DOCUMENT # L9900007568 1. Entity Name 05-01-2002 91552 001 ****50.00 DIVOSTA INVESTMENTS, LLC Principal Place of Business Mailing Address 4500 PGA BOULEVARD, SUITE 207 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0960130 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Phillip L. Brandt OWEN, JACK B JR Street Address (P.O. Box Number is Not Acceptable) $4500\ PGA\ Blvd$. 4500 PGA BOULEVARD, SUITE 207 PALM BEACH GARDENS FL 33418 Suite 207 City Palm Beach Gardens 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. SIGNATURE registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES **MGRM** TITLE TITLE Change ☐ Addition ☐ Delete OTTO, DIVOSTA B NAME NAME STREET ADDRESS 4500 PGA BLVD., SUITE 207 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE ☐ Delete TITLE MGR ☐ Change **KX**Addition NAME NAME Judith M. Galui STREET ADDRESS STREET ADDRESS 4500 PGA Blvd., Suite 207 CITY-ST-ZIP CITY-ST-ZIP Palm Beach Gardens, FL 33418 TITLE ☐ Delete TITLE Change XAddition MGR NAME NAME Phillip L. Brandt STREET ADDRESS STREET ADDRESS 4500 PGA Blvd., Suite 207 CITY-ST-ZIP CITY-ST-ZIP <u>Palm Beach Gardens. FL 33418</u> TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

4/11/02 <u>561/691</u>–9050 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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: