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

DO NOT WRITE IN THIS SPACE

02202004 No Chg-LLC CR2E083 (10/03)

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

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

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	

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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 #