

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90078 015 *****50.00

DOCUMENT # L99000003526

1. Entity Name

PERPETUITIES TRUST HOLDINGS, LLC



Principal Place of Business

4500 PGA BLVD., STE 207
PALM BEACH GARDENS, FL 33418

Mailing Address

4500 PGA BLVD., STE 207
PALM BEACH GARDENS, FL 33418

24058873



02232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2191408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHANOS, DIANE LYNN
4500 PGA BLVD., STE 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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DIVOSTA PERPETUITIES TRUST DATED 06/10/97
STREET ADDRESS	4500 PGA BLVD., STE 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGRV
NAME	GALUI, JUDITH M
STREET ADDRESS	4500 PGA BLVD., STE 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGRP
NAME	STEPHANOS, DIANE
STREET ADDRESS	4500 PGA BLVD., STE 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGRV
NAME	FLOYD, CATHY
STREET ADDRESS	4500 PGA BLVD., STE 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	MGRV
NAME	DIVOSTA, GUY
STREET ADDRESS	4500 PGA BLVD., STE 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Diane L. Stephanos

4-8-04

561/691-9050

Diane