FILED

## **2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

## A96000000427 **DOCUMENT #**

1. Entity Name
D AND S OF SOUTH FLORIDA HOLDINGS, LTD.

D AND S OF SOUTH FLORIDA HOLDINGS, LTD.					03 APR 30 PH 12: 48
Principal Place of Business 4500 PGA BLVD SUITE 207 4500 PGA BLVD SUITE 207 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS F					SECRETARY OF STAFE TALLAHASSEE FLORIDA MJH
Principal Place of Business     3. Mailing Address			<del></del>		430
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003
City & State		City & State			4. FEI Number 65-0637989 Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required
6. Name and Address of Current Registered Agent			<del></del>		7. Name and Address of New Registered Agent
DIVOSTA LAND COMPANY 4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS FL 33418				Name Phillip Brandt Street Address (P.O. Box Number is Not Acceptable) 4500 PGA Blvd., Suite 207  City Palm Beach Gardens  FL Zip Code 33418	
0 The share	To a series of the series and the series are				35416
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 the obligations of registered agent.  SIGNATURE  SIGNATURE					
Signature, typed or printe aname of registered agent and title if applicable.  9. Capital Contributions as Shown on record.  \$2,391,909.00  10. Amount of Capital Contributions in FLORIDA to date.				outions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
as Shown	A GENERAL PARTNER	THAT IS A BUSINESS E	NTITY M		SEE REVERSE SIDE FOR FEE INFORMATION TERED AND ACTIVE WITH THIS OFFICE.
12.	GENERAL PARTNE		13.	; an amenome	nt must be filed to change a general partner.  ADDRESS CHANGES ONLY
DOCUMENT #	L54776 DIVOSTA LAND COMPANY			ET ADDRESS	AND AND OF A WOLLD ONLY
STREET ADDRESS CITY-ST-ZIP			CITY	ST-ZIP	·
DOCUMENT # NAME		<del>``</del>	STRE	ET ADDRESS	600017612736
STREET ADDRESS CITY-ST-ZIP			CITY	·ST-ZIP	04/30/0301106005 **526.25
DOCUMENT # NAME			STRE	et address	
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	
DOCUMENT # NAME		*	STREE	ET ADDRESS	,
STREET ADDRESS			CITY-	ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

3/27/03

561/691-9050

Daytime Phone