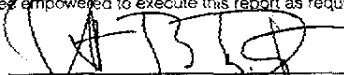


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000427					
1. Entity Name D AND S OF SOUTH FLORIDA HOLDINGS, LTD.					
Principal Place of Business 4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418			Mailing Address 4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02202004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0637989	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRANDT, PHILLIP 4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$2,391,909.00		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L54776	STREET ADDRESS			
NAME	DIVOSTA LAND COMPANY	CITY-ST-ZIP			
STREET ADDRESS	4500 PGA BLVD., SUITE 207				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418				
DOCUMENT #		STREET ADDRESS	1100000147094		
NAME		CITY-ST-ZIP	05/03/04-80091-022 526.25		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
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)(f), 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: 		Otto B. DiVosta		4-5-04 561691-9050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Debit Phone #	

STAPLE CHECK HERE

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