2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED May 06, 2006 08:00 AM Secretary of State

| Due By May 1, 2006 DOCUMENT #A9600000427 | | | Secretary of State | | |
|---|--|----------------------------|--|-----------------------------------|--|
| | | | Secre | iary or State. | |
| 1. Entity Name D AND S OF SOUTH FLORIDA HOLDINGS, LTD. | | | | | |
| Principal Place of Business | Mailing Address | | - | - | |
| 4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418 4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418 | | E 207 I, FL 33418 | | | |
| | | | | | |
| DO NOT WRITE IN THIS SPACE | | | 03222006 No Chg-LP | CR2E003 (11/05) | |
| | | FAUL | 4. FEI Number 65-0637989 | Applied For Not Applicab | |
| | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 6. Name and Address of Co BRANDT, PHILLIP | rrent Registered Agent | | | | |
| 4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418 | | } | DO NOT WE | RITE | |
| | | | IN THIS SPACE | | |
| The above named entity submits this staten the obligations of registered agent. | nent for the purpose of changing its | registered office or regis | tered agent, or both, in the State of Florid | da. I am familiar with, and accep | |
| SIGNATURE | No. of the last of | | | | |
| Signature, typed or printed harne of registered agent and little if applicable FILE NOW!!! FEE IS \$500.00 | | | שמססססט | DATE 541563 | |
| A GENERAL PARTI | / 1, 2006, Fee will be \$900 IER THAT IS A BUSINESS EN | ITITY MUST BE REGI | STERED AND ACTIVE WITH THIS | SÓÓ SÃO 18 SOO QO S OFFICE. | |
| | RTNER INFORMATION | ne form; an amendm | ent must be filed to change a ger | neral partner. | |
| DOCUMENT# L54776 | | 7 | | - | |
| NAME DIVOSTA LAND COMPAN' STREET ADDRESS 4500 PGA BLVD., SUITE 2 | | | | | |
| CITY-ST-ZIP PALM BEACH GARDENS, | | 1 | | | |
| DOCUMENT # | | 7 | | | |
| NAME STREET ADDRESS | | } | | | |
| CITY-ST-ZIP | | l l | | | |
| DOCUMENT # | _ | 7 | | | |
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| STREET ADDRESS (GITY-ST-ZIP | | 5 | DO NOT WRITE IN THIS SPACE | | |
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| NAME | | 1 | | | |
| STREET ADDRESS CITY-ST-ZIP | | 3 | | | |
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| NAME CTRCZ ADDROGO | | · I | | | |
| STREET ADDRESS | | • | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 emplowered to execute this peport as required by Chapter 620, Plorida Statutes

3/31/06

Diane Stephanos

561/691/9050

Daylime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: £