## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # A96000000427**

D AND S OF SOUTH FLORIDA HOLDINGS, LTD.



**FILED** Apr 27, 2007 08:00 All Secretary of State

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



02082007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0637989 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANDT, PHILLIP 4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418

## DO NOT WRITE IN THIS SPACE

|   |                               | ł      |  |
|---|-------------------------------|--------|--|
| 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.   |                               |        |  |
| Optimities, types or primate traine on registered again and plan application.   |                               |        |  |
| FILE NOW!!! FEE IS \$500.00<br>After May 1, 2007, Fee will be \$900.00  |                               |        |  |
| 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   |        |  |
| DOCUMENT #  | L54776                        |        |  |
| NAME  | DIVOSTA LAND COMPANY          |        |  |
| STREET ADDRESS  | 4500 PGA BLVD., SUITE 207     |        |  |
| CITY-ST-ZIP   | PALM BEACH GARDENS, FL. 33418 |        |  |
| DOCUMENT #  |                               |        |  |
| NAME  |                               |        |  |
| STREET ADDRESS  |                               |        |  |
| CITY-ST-ZIP   |                               |        | •  |
| DOCUMENT /  | *                             |        |  |
| NAME  |                               |        |  |
| STREET ADDRESS  |                               | ו סת א | OT WRITE   |
| CITY-ST-ZIP   |                               | DO 11  | OI WIKITE  |
| DOCUMENT #  |                               | IN TH  | IIS SPACE  |
| NAME  |                               |        | IIO OI AOL   |
| STREET ADDRESS  |                               |        |  |
| CITY-ST-ZIP   |                               |        |  |
| DOCUMENT /  |                               |        |  |
| NAME  |                               |        |  |
| STREET ADDRESS  |                               |        |  |
| CITY-ST-ZIP   |                               |        |  |
|   |                               |        | I town, and the company of the compa |
| DOCUMENT #  |                               |        | U00000739325   |
| NAME<br>CTREET ADDRESS  |                               |        | 05/14/07-80022-020 500.00  |
| STREET ADDRESS  |                               |        |  |
| CITY-ST-ZIP   |                               |        |  |

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 empowered to execute this report as required by Chapter 620, Florida Statutes Cathy A. DiVosta 3/28/07

SIGNATURE:

561/691-9050