

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000979**

1. Entity Name  
**DIVOSTA PERPETUITIES TRUST 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.

01062005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**65-0930815**

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEPHANOS, DIANE L  
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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$9,900,000.00**

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 # **L99000003526**  
NAME **PERPETUITIES TRUST HOLDINGS, LLC**  
STREET ADDRESS **4500 PGA BLVD., SUITE 207**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

STREET ADDRESS

CITY-ST-ZIP

**1160000381284**  
**05/05/05-80068-010 526.25**

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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:**

*Judith M. Foley* **Judith M. Foley** 3-24-05 561-691-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE