

2001 UNIFORM BUSINESS REPORT (UBR)

0007361 AF

DOCUMENT # **A99000000980**

1. Entity Name

DIVOSTA CHILDREN'S TRUST HOLDINGS, LTD.

APPROVED
AND
FILED

01 MAY -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4500 PGA BLVD., SUITE 303-A 207
PALM BEACH GARDENS FL 33418**

Mailing Address
**4500 PGA BLVD., SUITE 303-A 207
PALM BEACH GARDENS FL 33418**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0930811		Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEPHANOS, DIANE L 4500 PGA BLVD., SUITE 303-A 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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOT: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$4,950,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P99000054859	STREET ADDRESS	
NAME	DIVOSTA CHILDREN TRUST HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	4500 PGA BLVD., SUITE 303-A 207		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		
DOCUMENT #		STREET ADDRESS	6000004272166--6
NAME		CITY-ST-ZIP	-05/21/01--01006--002
STREET ADDRESS			****526.25 ****526.25
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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)(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: Diane L Stephanos 4-24-01 561-691-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)