2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

U	IIFURM BUSINE	:33 NEPUK	_ (0	DK			A			
DOCUMENT # L9900003526 1. Entity Name PERPETUITIES TRUST HOLDINGS, LLC						0	FILEC 3 MAY - 1 PM 12	•		
Principal Place of Business 4500 PGA BLVD., STE 207 PALM BEACH GARDENS FL 33418		Mailing Address 4500 PGA BLVD., STE 207 PALM BEACH GARDENS FL 33418				SECRETARY OF STATE TALLAHASSEE. FLORIDA				
					ļ				1919 2111 1 3 01	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			<u></u>	4. FEI Num	ber 52-2191408	<u> </u>	oplied For ot Applicable	-
Zip	Country	Zip Cour		itry	5. Certificate of Status Desired			\$5.00 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		<u> </u>		7. Name an	d Address of New Regis	tered Agent		j
STEPHANOS, DIANE LYNN 4500 PGA BLVD., STE 207 PALM BEACH GARDENS FL 33418				Name Street Address (P.O. Box Number is Not Acceptable)						 - -
				City				FL Zip Code	e	1
SIGNATURE	named entity submits this statement fo ons of registered agent. Signature, typed or printed name of registered agent a	file it applicable. (NOTE	Registere	d Agent signat FEE IS \$ orida De	ure required 50.00 partmer	05/01 when reinstating)	00017849 /030109101			
				ay 1, 200	3					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM DIVOSTA PERPETUITIES TRUST 4500 PGA BLVD., STE 207 PALM BEACH GARDENS FL 334	DATED 06/10/97					ADDITIONS/CH/	□ Change	Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Galui, Judith M 4500 Blvd., Ste 207 West Palm Beach Fl 33418	JI, JUDITH M BLVD., STE 207		E E Et address -st-zip	4500	, Judith PGA Blvd.	M. , Suite 207 dens, FL 33418	∑ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		E ET ADDRESS -ST-ZIP	4500	AGR ♥ Diane Stephanos +500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			4500	Floyd PGA Blvd.	, Suite 207 dens, FL 33418	☐ Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			4500	iVosta PGA Blvd.	, Suite 207 dens, FL 33418	☐ Change	▲ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			-	-		☐ Change	Addition	,
indicated	ertify that the information supplied with on this report is true and accurate and office or trustee.	that my signature shall have t	he same	e legal effe	ct as if m	ade under oat	h; that I am a managing r			

SIGNATURE: Judith Galui 4/3/03 561/691-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desytime Phone V