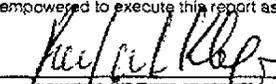


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A06848					
1. Entity Name DEVON ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business C/O BERDON LLP 360 MADISON AVE. NEW YORK, NY 10017			Mailing Address C/O BERDON LLP 360 MADISON AVE. NEW YORK, NY 10017		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GORTZ, ALBERT W. ONE BOCA PLACE SUITE 340 W. 2255 GLADES RD. BOCA RATON, FL 33431				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>					
9. Capital Contributions as Shown on record. \$231,350.00			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 #	NAME		STREET ADDRESS		
	INGBER, SIDNEY				
	STREET ADDRESS		CITY-ST-ZIP		
	575 LEXINGTON AVE.				
	CITY-ST-ZIP				
	NEW YORK, NY 10022				
DOCUMENT #	NAME		STREET ADDRESS		
	KLAPPER, BENJAMIN				
	STREET ADDRESS		CITY-ST-ZIP		
	575 LEXINGTON AVE.				
	CITY-ST-ZIP				
	NEW YORK, NY 10022				
DOCUMENT #	NAME		STREET ADDRESS		
	STREET ADDRESS		CITY-ST-ZIP		
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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: 			BENJAMIN KLAPPER		4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #



04202004 Chg-LP CR2E003 (10/03)

4. FEI Number
13-2955578

Applied For
Not Applicable

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City

FL

Zip Code

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable

9. Capital Contributions as Shown on record. **\$231,350.00**

10. Amount of Capital Contributions in FLORIDA to date.

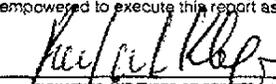
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05/03/04-80004-023 526.25

STAPLE CHECK HERE

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SIGNATURE:  BENJAMIN KLAPPER 4/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #