2001 UNIFORM BUSINESS REPORT (UBR)

)OCUMENT # A00000001449

Entity Name

DEVINWOOD, LTD.

FILED
01 APR 30 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12 N. Highland Ave. Orlando, FL 32803	912 N. Highland Ave. Orlando, FL 32803

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For [ ] Not Applicable

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
ASQUE, ESQ., JAMES F. GREENSPOON, MARDER, HIRSCHFELD, ET AL 35 W. CENTRAL BLVD., SUITE 1100 ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

NATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name altered)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	[illegible]
$100.00	$100.00	

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.

GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
UMENT # E ET ADDRESS ST ZIP	P00000089344 DEVINWOOD, INC. 912 N. HIGHLAND AVE. ORLANDO, FL 32803	STREET ADDRESS CITY-ST-ZIP	
UMENT # E ET ADDRESS ST ZIP		STREET ADDRESS CITY-ST-ZIP	
UMENT # E ET ADDRESS ST ZIP		STREET ADDRESS CITY-ST-ZIP	000004221280---3 -05/16/01--01137--026 ****141.25 ****141.25
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UMENT # E ET ADDRESS ST ZIP		STREET ADDRESS CITY-ST-ZIP	
UMENT # E ET ADDRESS ST ZIP		STREET ADDRESS CITY-ST-ZIP	

CR2E003 (11/00)

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.

GNATURE: _____ A. Wayne Rich, Pres. 04/27/01 407-649-4205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #