LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001464

1. Entity Name:
Devco Holdings of Boca Raton Limited Partnership

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1515 N. Federal Highway	1515 N Federal Highway
Suite, Apt. #, etc.: Suite 306	Suite, Apt. #, etc.: Suite 306
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33432 Country: USA	Zip: 33432 Country: USA

DUE BY MAY 1

4. FEI Number: 65-1044868 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kamradt, Russell T. CSE

Street Address (P.O. Box Number is Not Acceptable): 777 South Flagler Ave. Suite 1900

City: West Palm Beach FL Zip Code: 33401

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION
$ 2,246,277.00		

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.

12. L00000034Z1 GENERAL PARTNER INFORMATION

DOCUMENT #	L00000034Z1	STREET ADDRESS	
NAME	Devco Holdings, LLC	CITY-ST-ZIP	
STREET ADDRESS	1515 N Federal Hwy Suite 306		
CITY-ST-ZIP	Boca Raton FL 33432		
DOCUMENT #		STREET ADDRESS	400000555519 4--5
NAME			-05/16/02--01053--001
STREET ADDRESS		CITY-ST-ZIP	****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS			IN THIS SPACE
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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: _____ (561) 750-1032

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