UN			ESS REPOR					
DOCUMENT # A0000001464  1. Entity Name DEVCO HOLDINGS OF BOCA RATON LIMITED PARTNERSHIP							FILED	
							03 MAY -6 PM 1:	
Principal Place of Business 1515 NORTH FEDERAL HIGHWAY, SUITE 306 BOCA RATON FL 33432  Mailing Address 1515 NORTH I BOCA RATON FL 33432  BOCA RATON				th Federal Highway. Suite 306		SECRETARY OF ST TALLAHASSEE FLO	ATE RIDA   OILH	
						. (		
<ol><li>Principal P</li></ol>	lace of Busin	ess	3. Mailing Address	Mailing Address				
Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & Stat	e		City & State	City & State			4. FEI Number 65-1044868	Applied For Not Applicable
Zip		Country	Zip	Cour	ntry .		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name	and Address of Current	Registered Agent	-			7. Name and Address of New Registere	d Agent
AKERMAN, SENTERFITT & EIDSON, P.A.					Name F	Russell T. Kammadt, P.A.		
% RUSSELL T. KAMRADT, SHAREHOLDER					Street Add	Street Address (P.O. Box Number is Not Acceptable)		
777 SOUTH FLAGLER DRIVE SUITE 900 EAST TWR								
WEST PALM BEACH FL 33401					Six 207			
					Pa	Im.	peace town	L Zip Code
	named entity ions of registe		or the purpose of changing in	ts register	ed office or re	gistere	ed agent, or both, in the State of Florida. I a	m familiar with, and accept
SIGNATURE -	Tu	sell //a		resi	iden-	<u> </u>		23
\$ignature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions \$1,000.00  10. Amount of Capital				ital Contri			11. MAKE CHECK PAYABLE TO FL, DEPT. OF STATE	
as Shown on record. in FLORIDA to dat  A GENERAL PARTNER THAT IS A BUSINESS ENT							SEE REVERSE SIDE FOR FEE INFORMATION	
							TERED AND ACTIVE WITH THIS OFFI t must be filed to change a general p	
12.		GENERAL PARTNER	R INFORMATION	13.			ADDRESS CHANGES C	DNLY
DOCUMENT # NAME	DEVCO HOLDINGS, L.L.C.			STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		deral Hwy, Suite 3 On FL 33432		CITY	r-ST-ZIP	_		
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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, 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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STAPLE CHECK HEHE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

mu a

561-750-1030

Daytime Phone #