2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 MAY -1 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A06848

1. Entity Name

DEVON ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O GROSSMAN, TUCHMAN & SHAH 370 LEXINGTON AVENUE NEW YORK NY 10017	C/O GROSSMAN, TUCHMAN & SHAH 370 LEXINGTON AVENUE NEW YORK NY 10017-650(

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 13-2955578 ☐ 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
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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
$231,350.00		

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. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #			
NAME	INGBER, SIDNEY	STREET ADDRESS	575 LEXINGTON AVE.
STREET ADDRESS	845 THIRD AVE.	CITY-ST-ZIP	NEW YORK, NY 10022
CITY-ST-ZIP	NEW YORK NY		
DOCUMENT #			
NAME	KLAPPER, BENJAMIN	STREET ADDRESS	575 LEXINGTON AVE.
STREET ADDRESS	845 THIRD AVE.	CITY-ST-ZIP	NEW YORK, NY 10022
CITY-ST-ZIP	NEW YORK NY		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400000421214--5
NAME			-05/18/01--01133--005
STREET ADDRESS		CITY-ST-ZIP	****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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: _____ 4/26/01 212-750-5555

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