

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005054 AT

DOCUMENT # **A06848**

1. Entity Name

DEVON ASSOCIATES LIMITED PARTNERSHIP

02 FEB 22 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business

C/O BERDON LLP

3. Mailing Address

C/O BERDON LLP

Suite, Apt. #, etc.

360 MADISON AVENUE

Suite, Apt. #, etc.

360 MADISON AVENUE

City & State

NEW YORK NY

City & State

NEW YORK NY

Zip

10017

Country

Zip

10017

Country

DUE BY MAY 1, 2002

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.

DATE

9. Capital Contributions
as Shown on record.

\$231,350.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
CITY-ST-ZIP
**INGBER, SIDNEY
575 LEXINGTON AVE.
NEW YORK NY 10022**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**KLAPPER, BENJAMIN
575 LEXINGTON AVE.
NEW YORK NY 10022**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**600005033056--6
-03/04/02--01001--023
****526.25 ****526.25**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE