FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP

WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE							
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC -7 AM 11: 08			
1. Name of Limited Partnership	1a. DOCUMENT # A07535						
DEVONSHIRE INVESTMENT ASSOCIATES, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital	Contributions as	
889 RIDGE LAKE BLVD. #100 MEMPHIS TN 38120	1213 PARK PLACE CENTER SUITE 200			05/24/1979 3a. Date of Last Report		30,000.00	
	MEMPHIS TN 38119			09/12/1997	5b. Amour	nt of Capital outlons in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date	i.	
	·			TN	93	වර්ගය	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			6. FEI Number 62-1058616	i 	Applied For Not Applicable	
·	·			7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country	Zip Country			8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office							
		Name					
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD		Street Address (P.O. Box Number Is Not Acceptable)					
PLANTATION FL 33324	Suite		Apt. #, etc.				
City				FL Zip Cops			
Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statument for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE							
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
SOLMSON, ROBERT M	1213 PARK PLACE CEN #		MEM	MEMPHIS TN			
FORSDICK, H. LANCE	1213 PARK PLACE CEN #		MEM	MEMPHIS TN			
)				600002` -12/10, ****\$7;	7092 19801 16.25	2364 086010 ****\$526.25	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
12. I do heraby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-corpoliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on							