2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 8, 2004 FILED DOCUMENT # A07535 04 JUL 21 AM 11:08 DEVÓNSHIRE INVESTMENT ASSOCIATES, LTD. SHOPE TAKY SE STATE TALLAHASSBE FLORIDA Principal Place of Business Mailing Address 850 RIDGE LAKE BLVD., SUITE 300- 220 850 RIDGE LAKE BLVD., SUITE 300 220 MEMPHIS, TN 38120 MEMPHIS, TN 38120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07152004 CR2E003 (10/03) City & State City & State 4. FEI Number 62-1058616 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FI 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 9. Capital Contributions 10. Amount of Capital Contributions \$930,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS 850 RINGE LAKE BLUD, Suite 220 NAME SOLMSON, ROBERT M STREET ADDRESS 850 RIDGE LAKE BLVD., SUITE 300 CITY-ST-ZIP CITY-ST-ZIP MEMPHIS, TN DOCUMENT # STREET ADDRESS RIDGE LAKE BLUD Suite 230 FORSDICK, H. LANCE NAME STREET ADDRESS 850 RIDGE LAKE BLVD., SUITE 300 CITY - ST - ZIP CITY - ST - ZIP MEMPHIS, TN DOCUMENT # STREET ADDRESS NAME **700039949547** 08/06/04--01040--025 **\$26.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP OOCUMENT ₹ STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. The by 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

CITY-ST-ZIP

STREET ADDRESS

CITY - ST- ZIP

CITY-\$1-712

NAME STREET ADDRESS