

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A07535**

1. Entity Name
DEVONSHIRE INVESTMENT ASSOCIATES, LTD.



Principal Place of Business
**850 RIDGE LAKE BLVD., SUITE 300
MEMPHIS TN 38120**

Mailing Address
**850 RIDGE LAKE BLVD., SUITE 300
MEMPHIS TN 38120**

FILED

FILED

03 APR 18 PM 1:52

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **62-1058616**

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

**C.T. CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

**900016232159
04/18/03--01011--007 **526.25**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$930,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 **SOLMSON, ROBERT M**
STREET ADDRESS **850 RIDGE LAKE BLVD., SUITE 300**
CITY-ST-ZIP **MEMPHIS TN**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **FORSICK, H. LANCE**
STREET ADDRESS **850 RIDGE LAKE BLVD., SUITE 300**
CITY-ST-ZIP **MEMPHIS TN**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

4/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0019668 MB