


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

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|-------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # A27637 | |  |
| 1. Entity Name DEVONSHIRE, LTD. | | |

| | |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business 752 W. FLAGLER ST., SUITE 105 MIAMI FL 33130 | Mailing Address 752 W. FLAGLER ST., SUITE 105 MIAMI FL 33130 |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

| | |
|-----------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|-----------------------------------------------------------|-----------------------------------------------|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|--------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent KLOTZ, MARIANN 752 WEST FLAGLER ST., #105 MIAMI FL 33130 | |
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| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE _____ |

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|------------------------------------------------------------------|---------------------------------------------------------------------------|
| 9. Capital Contributions as Shown on record. \$672,153.00 | 10. Amount of Capital Contributions in FLORIDA to date. 672,153.00 |
|------------------------------------------------------------------|---------------------------------------------------------------------------|

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 # Z00069 | NAME BERNEL ASSOCIATES, L.C. | STREET ADDRESS | |
| STREET ADDRESS 752 W. FLAGLER ST., S105 | | CITY-ST- ZIP | |
| CITY-ST- ZIP MIAMI FL | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST- ZIP | |
| CITY-ST- ZIP | | | |
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| STREET ADDRESS | | CITY-ST- ZIP | |
| 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: <u>Mariann Klotz</u> | DATE: <u>3/20/05</u> | DAYTIME PHONE: <u>305 545 8927</u> |
|---------------------------------|----------------------|------------------------------------|

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| 4. FEI Number 65-0089514 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

11. **FILE NOW!!! Due by May 1, 2005**
See Block 11 instructions for fee info.

DOS-4500453-1000068786
DEPOSIT ONLY 526.25
03/10/05-01010-013

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