

# 2002 UNIFORM BUSINESS REPORT (UBR)

0011621 AT

DOCUMENT # **A30805**

1. Entity Name

**DEVONSHIRE ASSOCIATES, LTD.**

FILED

02 JAN 28 PM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1601 BELVEDERE ROAD, SUITE 407 SOUTH  
WEST PALM BEACH FL 33406**

Mailing Address  
**1601 BELVEDERE ROAD, SUITE 407 SOUTH  
WEST PALM BEACH FL 33406**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0225879**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAM MANAGEMENT I, INC.  
1601 BELVEDERE ROAD, SUITE 407  
WEST PALM BEACH FL 33406**

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.

**\$11,880,000.00**

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 # **A97000001024**  
NAME **CREATIVE TRUST LIMITED PARTNERSHIP**  
STREET ADDRESS **1555 PALM BEACH LAKES BLVD. #1100**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **A97000000339**  
NAME **DEVONSHIRE LIFE CARE ASSOCIATES, LTD.**  
STREET ADDRESS **1601 BELVEDERE ROAD, SUITE 407**  
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

STREET ADDRESS

CITY-ST-ZIP

**400004850314--4**  
**-01/31/02--01034--024**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/25/02**

**561 689  
6602**

Date

Daytime Phone #

CR2E003 (9/01)