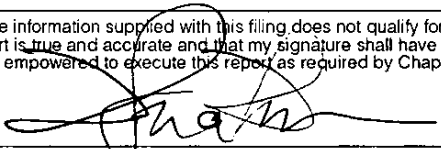


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A30805 1. Entity Name DEVONSHIRE ASSOCIATES, LTD.						FILED 2005 MAR -7 P 1:43 SECRETARY OF STATE FLORIDA  1ST MOORE CR2E003 (10/04)	
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State Zip Country		City & State Zip Country					
4. FEI Number 65-0225879				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			
CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE FL 32399				Name Meyer, William A. Street Address (P.O. Box Number is Not Acceptable) 1601 Belvedere Road Suite 407 South City West Palm Beach FL Zip Code 33406			
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.						11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info.	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable							
9. Capital Contributions as Shown on record. \$11,880,000.00		10. Amount of Capital Contributions in FLORIDA to date.					
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			STREET ADDRESS	500048121245		
NAME	CREATIVE TRUST LIMITED PARTNERSHIP			CITY-ST-ZIP	03/10/05--01007--002 **535.00		
STREET ADDRESS	1555 PALM BEACH LAKES BLVD. #1100						
CITY-ST-ZIP	WEST PALM BEACH FL 33401						
DOCUMENT #	A97000000339			STREET ADDRESS			
NAME	DEVONSHIRE LIFE CARE ASSOCIATES, LTD.			CITY-ST-ZIP			
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 407						
CITY-ST-ZIP	WEST PALM BEACH FL 33406						
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
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NAME				CITY-ST-ZIP			
STREET ADDRESS							
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: 				Date 2/22/05 Daytime Phone # 561-689-6602			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER							

STAPLE CHECK HERE