

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A30805

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** DEVONSHIRE ASSOCIATES, LTD.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0225879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: A97000000338  
Name: WAM LIFE CARE ASSOCIATES, LTD.  
Address: 1601 BELVEDERE ROAD, SUITE 407 SOUTH  
City-St-Zip: WEST PALM BEACH, FL 33406  
Document #: A97000000339  
Name: DEVONSHIRE LIFE CARE ASSOCIATES, LTD.  
Address: 1601 BELVEDERE ROAD, SUITE 407  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:  
  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM A. MEYER

P

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date