


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A94000001561 1. Entity Name DEVLIN FAMILY LIMITED PARTNERSHIP	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 14 PM 12:58

Principal Place of Business 299 N.W. 52ND TERRACE (PH-X) BOCA RATON, FL 33487-3704	Mailing Address 299 N.W. 52ND TERRACE (PH-X) BOCA RATON, FL 33487-3704
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04092004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0538710	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent MOORE, W. RODGERS ESQ. MOORE & MENKAUS, P.A. <i>one LINCOLN Place</i> 4800 NORTH FEDERAL HIGHWAY, SUITE 210-A <i>1900 Glades Road</i> BOCA RATON, FL 33431 <i>Suite 401</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

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

DATE _____

9. Capital Contributions as Shown on record. \$3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	567935	STREET ADDRESS	
NAME	DEVLIN & DEVLIN, INC.	CITY-ST-ZIP	
STREET ADDRESS	299 N.W. 52ND TERRACE (PH-X)		
CITY-ST-ZIP	BOCA RATON, FL 334873704		
DOCUMENT #	F95000001764	STREET ADDRESS	
NAME	E.M. DEVLIN REALTY INC.	CITY-ST-ZIP	
STREET ADDRESS	249 PLANDOME RD.		
CITY-ST-ZIP	MANHASSET, NY 11030		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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STAPLE CHECK HERE

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #