

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 21 AM 9:28

DOCUMENT # A94000001561

1. Entity Name
DEVLIN FAMILY LIMITED PARTNERSHIP



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072005

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0538710

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

MOORE, W. RODGERS ESQ.
MOORE & MENKHAUS, P.A.
ONE LINCOLN PLACE 1900 GLADES RD. #401
BOCA RATON, FL 33431

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. 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.

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
NAME DEVLIN & DEVLIN, INC.
STREET ADDRESS 299 N.W. 52ND TERRACE (PH-X)
CITY-ST-ZIP BOCA RATON, FL 334873704

STREET ADDRESS

8228 SANDPIPER CIRCLE

CITY-ST-ZIP

Port St. Lucie, FL 34952-2615

DOCUMENT # F95000001764
NAME E.M. DEVLIN REALTY INC.
STREET ADDRESS 249 PLANDOME RD.
CITY-ST-ZIP MANHASSET, NY 11030

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

Devlin & Devlin Inc
Albert J. Devlin (Pres.)

2/18/05

(772)

343-1023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE