

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A94000001561



FILED

03 JAN 31 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

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.

4800 NORTH FEDERAL HIGHWAY, SUITE 210-A

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

11. MAKE CHECK PAYABLE TO FL. 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 # 567935
NAME DEVLIN & DEVLIN, INC.
STREET ADDRESS 299 N.W. 52ND TERRACE (PH-X)
CITY-ST-ZIP BOCA RATON FL 33487-3704

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

300010401923
01/21/03--01106--005 **150.00

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300010401923
02/03/03--01088--021 **376.25

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STREET ADDRESS

CITY-ST-ZIP

M THOMAS

CR2E003 (10/02)

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

Date

Daytime Phone #