

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #A97000000339**

1. Entity Name  
**DEVONSHIRE LIFE CARE ASSOCIATES, LTD.**



Principal Place of Business  
**1601 BELEVEDERE ROAD, SUITE 407-S  
WEST PALM BEACH, FL 33406**

Mailing Address  
**1601 BELEVEDERE ROAD, SUITE 407-S  
WEST PALM BEACH, FL 33406**



01132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-0685704**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MEYER, WILLIAM A  
1601 BELEVEDERE ROAD, SUITE 407-S  
WEST PALM BEACH, FL 33406**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT # **A97000000338**  
NAME **WAM LIFE CARE ASSOCIATES, LTD.**  
STREET ADDRESS **1601 BELEVEDERE ROAD, SUITE 407-S**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

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1100000508834  
04/28/06-80022-006 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

**William A. Meyer**

**March 3, 2006 561-689-6602**

STAPLE CHECK HERE