

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000159 AF

DOCUMENT # A97000001025

1. Entity Name

DEVONSHIRE VENTURE II LIMITED PARTNERSHIP

Principal Place of Business

1555 PALM BEACH LAKES BLVD., SUITE 1100  
WEST PALM BEACH FL 33401

Mailing Address

1555 PALM BEACH LAKES BLVD., SUITE 1100  
WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ECCLESTONE, E. LLWYD  
1555 PALM BEACH LAKES BLVD., SUITE 1100  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,250.00

10. Amount of Capital Contributions

in FLORIDA to date. \$1,250.00

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # F82946  
NAME CREATIVE TRUST, INC.  
STREET ADDRESS 1555 PALM BEACH LAKES BLVD., SUITE-1100  
CITY-ST-ZIP WEST PALM BEACH FL 33401

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800003003288-6
CITY-ST-ZIP	-03/03/01--01119--024
	****150.00 ****150.00
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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:

*Signature* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CREATIVE TRUST, INC.

Ron Cooper, Executive VP 2/15/01 561/686-

2000

Date

Daytime Phone #

FILED

01 MAR -2 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)