2004 LIMITED PARTNERSHIP ANNUAL PORT Due By May 1, 2004

FILED Apr 05, 2004 08:00 AM Secretary of State

561/686-2000 Daysime Phone #

| | | | | | ¬ Secretary of State | | | | |
|--|---|-------------------------|--|---|---|---|---|--------------------------------|--|
| DOCUMENT # A9700001025 1. Entity Name DEVONSHIRE VENTURE II LIMITED PARTNERSHIP | | | | | | Secret | iary 01 | State | |
| Principal Place of Business Mailing Address | | | | | | | | | |
| 1555 PALM BEACH LAKES BLVD., SUITE 1100 1 | | 1555 PALM BEACH LAK | 1555 PALM BEACH LAKES BLVD., SUITE 1100 NEST PALM BEACH, FL 33401 | | | | | | |
| | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 02112004 | Chg-LP | CR2E00 | 3 (10/03) | |
| City & State | | City & State | City & State | | 4. FEI Numbe 65-0865 | | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | MXX \$ | 8.75 Additional ee Required | |
| Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401 | | | | Name | e It Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | Street Address (| .r.o. box Numbe | r is ivot Acceptab | - - | | |
| | | | | City | | | FL | Zip Code | |
| The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent. | | | | ed office or registe | red agent, or both | n, in the State of F | | miliar with, and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable | | | | <u>. </u> | DATE | · - | |
| 9. Capital Contributions as Shown on record. \$1,250.00 In FLORIDA to date | | | | sutions \$1,250.00 | | on a contract of the contract | | | |
| | A GENERAL PARTNER T | | ттү м | UST BE REGIS | | | | | |
| 12. | NOTE: General Partners MA GENERAL PARTNER | | 13. | ; an amenomer | it must be med | ADDRESS CH | | | |
| DOCUMENT # | F82946 CREATIVE TRUST, INC. 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH, FL 33401 | | | ET ADDRESS | | | , | | |
| STREET ADDRESS CITY - ST - ZIP | | | - CITY | -ST-ZIP | //00000111015 | | | | |
| GOCUMENT # NAME | | | STRE | ET ADORESS | 04/15/04-80002-003 150.00 | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | спу | - \$1 - ZIP | ,- | | | | |
| DOCUMENT # NAME | | | STRE | ET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | - S1 - ZIP | | ** | | | |
| DOCUMENT # NAME | | | STRE | ET ADDRESS | | | | | |
| STREET ADDRESS CITY - ST - ZIP | which did to the control of | | CITY | -ST-ZIP | | | | | |
| DOCUMENT # | | | STRE | ET ADORESS | | | | | |
| STREET ADDRESS CHY-ST-ZIP | | | CITY- | -ST-ZIP | | | | | |
| DOCUMENT / NAME | | | STRE | ET ADDRESS | | | | | |
| STREET ADDRESS CRY+ST-ZIP | | | 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)(f). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the pame 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 that the pame 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 that the pame 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 the pame 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 the pame 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 the pame 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 the pame legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver of the pame legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver of the limited partnership or the limited par