

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800000127

1. Entity Name  
DEVON-SOMERSET INVESTMENTS, LTD.



Principal Place of Business  
5010 BAYSHORE BOULEVARD, #4  
C/O MARGARET O'MALLEY  
TAMPA FL 33611

Mailing Address  
5010 BAYSHORE BOULEVARD, #4  
C/O MARGARET O'MALLEY  
TAMPA FL 33611

FILED  
03 MAY -5 PM 7:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3535531

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI FL 33611

Name  
Brian C. Sparks  
Street Address (P.O. Box Number is Not Acceptable)  
100 S. Ashley Dr.  
Ste. 1500  
City Tampa FL Zip Code 33602

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 Brian C. Sparks DATE 4/29/03  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$20,000,000.00

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 # P98000045851  
NAME DEVON-SOMERSET, INC.  
STREET ADDRESS 5010 BAYSHORE BOULEVARD, #4  
CITY-ST-ZIP TAMPA FL 33611

STREET ADDRESS  
CITY-ST-ZIP 800018005828  
05/05/03--01053--015 \*\*526.25

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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.

Margaret H. O'Malley

SIGNATURE: Margaret H. O'Malley V.P., Devon-Somerset, Inc., 6P. 4/29/03 (813) 209-5090  
Signature and typed or printed name of signing general partner Date Daytime Phone #

0013412 AT

CR2E003 (10/02)

STAPLE CHECK HERE