


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B07000000258 1. Entity Name DEVILLE FAMILY LIMITED PARTNERSHIP	
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FILED

08 JAN 29 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10120 S.W. 55TH AVENUE CORAL GABLES, FL 33159	Mailing Address C/O LOUIS NOSTRO, ESQ. / SHUTTS & BOWEN 201 SOUTH BISCAYNE BLVD., STE. 1600 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092008 Chg-LP CR2E003 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOSTRO, LOUIS ESQ. C/O SHUTTS & BOWEN LLP 201 SOUTH BISCAYNE BLVD., STE. 1600 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	DEVILLE, PHILIP 10120 S.W. 55TH AVENUE CORAL GABLES, FL 33159	STREET ADDRESS	700116635267 02/01/08--01004--030 **508.75
NAME		CITY-ST-ZIP	
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STAPLE CHECK HERE

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: 	Date 1-15-08 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	