

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT -9 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
B95000000434

DEVON/WEST PALM LIMITED PARTNERSHIP

Mailing Address

2000 POWELL STREET, SUITE 1240
EMERYVILLE CA 94608

Principal Office Address

2000 POWELL STREET, SUITE 1240
EMERYVILLE CA 94608

3. Date Formed or Registered

12/05/1995

3a. Date of Last Report

03/12/1998

4. State or Country of Formation

CA

5a. Capital Contributions as
Shown on record.

\$990.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

94-3232581

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

000002662310--0

Suite, Apt. #, etc.

-10/13/98--01027--003

City

***141.25 ***141.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

DEVON CAPITAL MANAGEMENT, L.

2000 POWELL STREET, S

EMERYVILLE CA 94608

B95000000419

SIGNATURE

William T. Gochauer

DATE 9/23/98

Typed or Printed Name of General Partner Signing Form

William Gochauer, CFO

Daytime Telephone Number

15101450-1300

CR2E003 (8/98)