2000	UNIFOR	RM BUSII	NESS REPO	PRT	(UBR)					0191814
OCUI	MENT #	B96000	000042	-60 T		FILED STATE				£3 ≥3
DEVON/BRADENTON LIMITED PARTNERSHIP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address 2000 POWELL STREET, SUITE 1240 EMERYVILLE CA 94608 Principal Place of Business Mailing Address 3. Mailing Address					10	00 JUL -5 AM 9: 25				
Suite, Apt.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State		4. FEI Number 94-3232583 Applied For Not Applicable					
Zip Country		ntry	Zip C		ountry 5. Certificat		e of Status Desired Status Desired Fee Required			<u>e</u>
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301						ss (P.O. Box Number is Not Acceptable)				\exists
					City FL Zip Code					4
. The above	named entity submi	its this statement for t	he purpose of changing it	s registere	ed office or reg	istered agent, or both	i, in the State of Florida		•	
GNATURE .	Signature, typed or printed	name of registered agent and	title if applicable. (NO	TE: Registere	d Agent signature rea	quired when reinstating)		DATE		
Capital Contributions as Shown on record. \$990.00 in FLORIDA to date.					ntributions 11. MAKE CHECK PAYABLE TO DEPT. OF ST SEE REVERSE SIDE FOR FEE INFORMA					
	A GENE	RAL PARTNER TH	AT IS A BUSINESS E NOT be changed on	NTITY M	UST BE REC	SISTERED AND A	CTIVE WITH THIS C	FFICE. al partner.		
2.		BENERAL PARTNER II		13.	·		ADDRESS CHANG			
OCUMENT#		L MANAGEMENT, L STREET, SUITE 124			EET ADDRESS	ESS			E003 (9/99)	
TREET ADDRESS	EMERYVILLE CA		crr					<u> </u>	- NH HS	
OCUMENT # IAME TREET ADDRESS	98				90003324025 -07/17/00-01013-			<u>33</u>	4	
ITY-ST-ZIP					'-ST-ZIP	****141.25 ****141.25				-
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IAME TREET ADORESS					-ST-ZIP			····		_
ITY-ST-ZIP.,				STR	EET ADDRESS			<u>.</u> .		-
AME Treet address In 15 St-Zip				CITY	'- ST- ZIP				<u> </u>	1
OCUMENT#				STR	EET ADDRESS					
TREET ADORESS				СПУ	'-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 empoyered of execute this people as required by Chapter 20, Florida Statutes

SIGNATURE:

5.12.00

5 10 450 1360 Daytime Phone #