2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

UN	IFORM BUSINE	SS REPORT	r (UB	R)				
DOCUMENT # A98000002175 1. Entity Name Y & Y DEVELOPERS, LTD.						LED 6 PM I: 3	30	•
Principal Place of Business S222 TOWER LN. STE B-9 SARASOTA FL 34240 SARASOTA FL 34240				GOO WE THE	SECRETARY OF STATE TABLAHASSEE, FLORIDA			
م کر م		- SARASOTA FL 34240			1 1461011 1815 1816			
2. Principal Place of Business 5132 Meldon Circle 5/32 Mel				on Circle			#11 100 M > #111 100)	
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY	1, 2003	
Sarasota, FL, Sarasota,			FL,	L, 05 00 19905 No			Applied For Not Applicable	
Zip 342		34232	Country ムムA		5. Certificate of Statu		Fee Hequ	
	6. Name and Address of Current R	egistered Agent	Nor		7. Name and Addres	s of New Regist	ered Agent	
YODER, MARK 4717-Breezy Pines-BlvD				Street Address (P.O. Box Number is Not Acceptable)				
-SARASOTA FL 34232				5132 Meldon Circle				
			City	Sava	soto		FL Zig C	ode 232
City Sarasota FL Zig Code 3.42.3.2. 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 Fiorida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed of printed name of registered agent and title if applicable. 4/27/03 DATE								
9. Capital Contributions (\$718.00 10. Amount of Capital Contributions 11. MAKE CH							ABLE TO FL. DE DE FOR FEE INFO	
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		13.	anie II dine in		DRESS CHANGE	<u> </u>	
DOCUMENT #	P98000068379		STREET ADDR	RESS	122 11	11	C. 1	,
name Street address City-St-Zip	Marco Bradenton, Inc. -6222-Tower Lane, Suite B-9 		CITY-ST-ZIP	5	132 N/e	Laon	Circl 3423	7
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14. I hereby of indicated	pertify that the information supplied with the on this report is true and accurate and the or trustee employered to execute this	nis filing does not qualify for the at my signature shall have the	ne exemption	stated in Sec effect as if ma	tion 119.07(3)(i), Florida ade under oath; that I ar	a Statutes. I furthern a General Parti	er certify that the	information partnership or

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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/03 94/-437-4398 Date Dayline Phone #