

2001 UNIFORM BUSINESS REPORT (UBR)

0010828 AF

DOCUMENT # **A00000000468**

1. Entity Name

DY LAND ASSOCIATES, LTD.

FILED

WR 5/23

01 MAY 11 AM 9:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**3470 CLUB CENTER BLVD.
ATTN: AUBREY J. FERRAO
NAPLES FL 34114-0816**

**3470 CLUB CENTER BLVD.
ATTN: AUBREY J. FERRAO
NAPLES FL 34114-0816**

2. Principal Place of Business

3. Mailing Address

3200 Tamiami Trail N.

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number **59-3684898**

Applied For

Not Applicable

Zip

Country

Zip

Country

34103

34103

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

**WOODWARD, MARK J
801 LAUREL OAK DRIVE
SUITE 710
NAPLES FL 34108**

Name

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

3200 Tamiami Trail N., Suite 200

City **Naples**

FL

Zip **34103**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent's signature required when reinstating.

DATE

9. Capital Contributions as Shown on record.

\$0.00

10. Amount of Capital Contributions in FLORIDA to date.

\$14,710,190.00

11. MAKE CHECK PAYABLE TO 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 # **M00000000676**
NAME **DY ASSOCIATES, LLC**
STREET ADDRESS **3470 CLUB CENTER BLVD.**
CITY-ST-ZIP **NAPLES FL 34114-0816**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-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 empowered to execute this report as required by Chapter 620, Florida Statutes

Aubrey J. Ferrao, Authorized Agent

SIGNATURE:

Aubrey J. Ferrao
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/01
Date

941-732-9400
Daytime Phone #

CR2E003 (11/00)