


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
Apr 20, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A0000000468**

1. Entity Name  
**DY LAND ASSOCIATES, LTD.**



Principal Place of Business  
**3200 TAMiami TRAIL N.  
SUITE 200  
NAPLES, FL 34103**

Mailing Address  
**3200 TAMiami TRAIL N.  
SUITE 200  
NAPLES, FL 34103**



2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

01092004 Chg-LP CR2E003 (10/03)

City & State Zip Country

4. FEI Number  
**59-3684898**

Applied For  
Not Applicable

City & State Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**WOODWARD, MARK J  
3200 TAMiami TRAIL N.  
SUITE 200  
NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$16,546,278.00**

10. Amount of Capital Contributions in FLORIDA to date. **16,546,278**

**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 #	M0000000676	STREET ADDRESS	
NAME	DY ASSOCIATES, LLC	CITY-ST-ZIP	
STREET ADDRESS	3470 CLUB CENTER BLVD.		
CITY-ST-ZIP	NAPLES, FL 341140816		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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**000000158659  
05/07/04-80030-020 535.00**

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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

**SIGNATURE:** *Abbey J. Barron* **4/15/04** **(239) 732-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #