

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 10 AM 9:10



**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

*[Handwritten signature]*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number

59-3684898

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
 3200 TAMIAMI TRAIL N.  
 SUITE 200  
 NAPLES, FL 34103

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 \_\_\_\_\_

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT # M0000000676  
 NAME DY ASSOCIATES, LLC  
 STREET ADDRESS 3470 CLUB CENTER BLVD.  
 CITY-ST-ZIP NAPLES, FL 341140816

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900072425079  
 04/27/06--01043--005 \*\*508.75

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/7/06

Date

(239) 732-9400

Daytime Phone #

Aubrey J. Ferrao