

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**


**FILED**

2007 APR 13 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



01102007 Chg-LP CR2E003 (12/06)

4. FEI Number  
59-3684898

Applied For  
 Not Applicable

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

**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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	8156 Fiddler's Creek Parkway
CITY-ST-ZIP	Naples, FL 34114
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700097292717
CITY-ST-ZIP	04/19/07--01004--013 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: Aubrey J. Ferrao 2/19/07 (239) 732-9400

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