

**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

DOCUMENT # A0000000468
1. Entity Name
DY LAND ASSOCIATES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 15 AM 11:29

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

DO NOT WRITE IN THIS SPACE



01152008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3684898	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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, 2008, 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 #	M00000000676
NAME	DY ASSOCIATES, LLC
STREET ADDRESS	8156 FIDDLER'S CREEK PKWY
CITY-ST-ZIP	NAPLES, FL 34114
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300123549053
04/15/08--01030--002 **500.00

300123549053
04/15/08--01030--020 **157.50

DO NOT WRITE IN THIS SPACE

[Handwritten Signature]

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* March 31, 2008 (239) 732-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Aubrey J. Ferrao, as General Partner and Not Individually